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Developmental changepoints: the birth of a first child

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discussion group couples, this level stabilized and was the same at 6 months and at 18 months postpartum. Among the control couples, satisfaction with the marriage was lower at 6 months postpartum and still lower at 18 months postpartum. The finding, that the discussion group's level of satisfaction did not continue to drop as had the control group's, is seen to be indicative that group meetings can have positive long term effects on the quality of a couple's relationship.

Among both control and group couples, individual self esteem declined and conflicts were found to be on the increase at 6 months post partum. Cowan and Cowan (1978) report that this does not contradict the findings of more overall satisfaction among the discussion group participants, but rather an improved ability to cope with crises that do arise. It would appear that the overall value to the discussion group, is not that their entire lives were stress free, but rather that they seem to have some realistic expectations about the discrepancy between what is, and what they would like their lives to be. Also that their distress about it is not that great.

Cowan and Cowan concluded from their study, that a lengthy series of structured discussions, can help a couple understand and cope with the inevitable strains a baby may cause.

Another intervention to prepare couples for parenthood, however, one that did not prove particularly successful, was set up by Clulow (1982). These interventions were prepared on the basis of calls from the British Committee on Child Health Care Services for such interventions. The general framework within

which the intervention was based was to seek "to enhance the capability of marriage to contain the tensions and growing pains inherent in the process of adapting to change" (p. 45).

There were two aspects to the study. On the one hand, the group approach provided relatively open-ended group meetings for couples who volunteered themselves in response to letters or telephonic invitation at four different health centers. On the other hand, nursing health visitors visited separate couples after the birth of their babies in order to help them negotiate the transition to parenthood with less difficulty.

The discussion groups were based on two models of intervention, the prophylactic model and the model of preventative intervention. Clulow reported that

> neither prophylaxis, with its implications that disease can be avoided through the dissemination of information, nor preventative intervention, which assumes an accessibility to people at times when they feel most in disarray, provided adequate models for the approach to preparation attempted through the discussion groups. (p. 107)

Clulow (1982) found that the personal meaning of parenthood had to be discovered through experience, and that the disclosure of that experience followed rather than accompanied its passage. He saw the value of the groups as simply in helping to construct a network of relationships with other couples as well as with the health services.

Clulow concluded with three important questions relevant to the strong case that has been made for preparation for parenthood. These are:

> In the first place, if preparation is to mean more than developing a technical competence in meeting the practical demands of a new role, what does the word mean when people experience events in so many different ways? Secondly, when is the best time to prepare people for different events in their lives?.....Thirdly, why is there so little take-up of preparation schemes when a need for them can be readily identified?
>
> (p. 108)

An overview of the research presented above on the transition to parenthood, suggests that, despite the conclusion that different people and different couples respond differently to this transition, for most couples this time represents a period of increased stress, and the inception of a decrease in marital satisfaction. It appears that the difficulties are more severe for women than for men, and this is probably related to the tendency for marriages to become more traditionalized after the birth of the first child, and the results of this change are particularly difficult for the women. Diminished contact and intimacy between husband and wife, with resulting regression and increased dependency needs, is the change that is seen to be most stressful for the couple.

Interventions, both suggested and carried out, have been conceived on the basis that both preparation and support for the couple would ease the process of transition and decrease the possibility of problems ensuing in the marriage and the family in the future. There has been a fair degree of success in these attempts, however, there are gaps in the understanding of the processes, and questions still left unanswered by the studies that have been conducted.

CHAPTER 7

THE COURSE

The primary interest in this study is normal healthy couples who need to cope with the normative changes around the birth of their first child.

This period in adult life is a time of significant change, with the potential either for growth, or the possibility of the beginning of the breakdown of the marriage..

The transition to parenthood involves aspects of thinking, feelings, behaviour and physiology. While the physiological care is the realm of the obstetrician, any psychological intervention that aims to reach the couple and produce long lasting and powerful effects, must intervene in all the other three areas, and deal with thinking, feeling and behaviour. To omit any of the three would be inadequate.

The aim of the intervention was to help the couples negotiate a successful transition to parenthood. A successful transition to parenthood means, facing the crisis, dealing successfully with the changes, integrating parenthood into one's identity, while maintaining the intimacy of the marriage.

The design of the intervention was psychologically based, within the broad context of the concept of ego development (Erikson, 1980) and theories of change. Erikson described ego

development to occur on the basis of engaging in, and resolving developmental crises. The model of change developed in this thesis, based on earlier models of change (Janis, 1958), describes and explains the contingencies affecting the successful negotiation of the developmental changepoint of the transition to parenthood.

The intervention was designed to address the contingency factors affecting negotiation of change, particularly from the perspective of understanding the model of the Transitional Space, and its dimensions of content, size, and boundary quality, as it is the Transitional Space that is the context within which the contingency factors operate.

With respect to this concept, the course was designed to affect the Transitional Spaces of the participating individuals. Although it is rather optimistic on the one hand to expect to have a major influence on something as intransient as the Transitional Space, on the one hand it is necessary that any intervention aims to make an impact in the intended direction. On the other hand, at a time of change, a critical time, as described in this work, there is a greater possibility of having an impact than at a time when life runs smoothly and there is no impetus to re-examine one's world.

Thus the three aspects of the Transitional Space were addressed.

With respect to the content of the Transitional Space, the question that needs to be asked at a time like this is, "How do

I integrate becoming a parent into my identity?" In terms of the theory of identity previously discussed, the optimal way of becoming identity achieving as a parent is to be both committed and crisis-facing.

Level of commitment is rather difficult to address as such. It was addressed through the medium of dealing with aspects of the marriage. It was on the basis of the supposition that a good and committed marriage would be more likely to lead to committed parenthood, that aspects of the relationship were dealt with.

A good marriage provides a "holding environment", both for the developing and growing couple, as well as, for the developing and growing infant (Winnicott 1965). It is the understanding of the importance of a good marriage for all members of the family that needs to be conveyed. In conjunction with this, it is important to teach the couple ways of understanding how their marriage functions, what happens when things go wrong; how to deal with things when they go wrong. And finally, how to build on the strengths they already have.

Crisis-facing is the aspect of identity that also underlies part of the basic rationale for any preparatory intervention. The course was designed with the understanding that the better one is prepared for a situation, the easier the negotiation of the difficulties of that situation will be.

On the understanding that people cope better with realistic information of the situations with which th[illegible] cope, (Janis 1958; Michenbaum 1983), the aim was [illegible]em with

a cognitive understanding of their situation in order to show them what can be expected to happen in terms of the changes that have already, and those that will in the future take place.

Difficult aspects of the transition to parenthood were highlighted together with ways of dealing with those difficulties.

In providing accurate and up to date information about childbirth and parenthood the following, among other aspects were addressed, e.g. aspects of bonding; sex during pregnancy and afterwards; postnatal depression, the needs of infants, and more specifically the psychological aspects of the transition to parenthood, as described in the model of change devised in this study. Special emphasis was laid on the value of the presence and support of the husbands and wives for each other. Another aspect of crisis-facing, is acknowledging and dealing with stress. Exercises and information on coping with stress, enhance one's ability to know how one deals with stress generally, if that response is appropriate, and if not, what one could do differently.

In terms of the size of the Transitional Space, Loevinger (1966) contends that progress along the continuum of ego development cannot be either taught or learned, as it reflects a deepening involvement with scrutiny of the self, relationships, and the world. Nevertheless, the ability to establish and maintain a good and fulfilling marital relationship may be seen to reflect the capacity to contain paradox, and cope with

increasingly deeper problems - both of which are indications of ego development. Thus, addressing the issues of conflict within the marriage, is seen as a useful way to attempt to precipitate ego development.

Boundary quality, the third aspect of the Transitional Space, has two dimension, permeability and flexibility. Permeability is an enduring quality laid down in early development that is relatively inaccessible to change, except perhaps through in-depth psychotherapy.

However, addressing the issues of communication within the marriage and teaching new communication skills, is seen as a useful way to attempt to precipitate increased permeability. Experiencing and understanding the widely accepted value of group support, is seen to be another way to enhance permeability. Although this is theoretically the most inaccessible aspect of the Transitional Space, because of the upheaval produced at the time of a change, the individual, may be precipitated into reworking old issues (Erikson, 1978), and is much more vulnerable to deep and lasting personal change.

The dimension of flexibility is accessible, and was also addressed by dealing with aspects of marital and family functioning and relationships, particularly the difficulties of conflict within the marriage, and the commonly increasing difficulties with sexual relationships at this time. The considerable value of these aspects were seen to be devising ways of creatively dealing with conflict and the sexual issues

within a particular relationship.

Thus attempts to affect the size, content and boundary quality of the Transitional Space were made in the design and presentation of the intervention.

In short, therefore the aims of the intervention were:

1. To give the couple an understanding of the way they function as people and how they interact with each other.

2. To give them an opportunity to express themselves, deal with their feelings, and ask the myriads of questions that are endemic to this time.

3. To help the couple understand that their lives will change.

4. To understand the nature of the change in general terms.

5. To understand the nature of the change in terms of their particular relationship.

6. To give them the tools to deal with the change within the framework of their relationship.

It was proposed that if couples can be kept engaged, motivated, and looking at themselves and their marriage and developing them, this would set a precedent for the continuation of this involvement in the future, as well as give them somewhere to turn, if things went wrong.

The structure of the course will be presented in the chapter on methodology, and examples of the work covered in the course are presented in Appendix G.

CHAPTER 8

RATIONALE

Adult functioning represents a broad area of study and one that has been tackled many times and in many different ways. An aspect addressed in this research is differences both in individuals and relationships, and the influence they have over the course of adult development and functioning.

It is accepted from clinical and theoretical perspectives, that early childhood, and later maturational experiences, influence both the adult's view of the world and the way s/he functions in the world. A question that still remains is, how will those early childhood and later maturational experiences, interact with the present, to influence adult functioning?

In order to address the issue of the variability in adult functioning, it is necessary to be able to view it within a clear context. This was done by Clulow (1982), when setting an interpretative framework for his research, he describes how the same event is experienced differently by different people. He explains these differences in terms of the personal frames of reference which are applied by individuals, to make sense of what they see and hear.

It is this conceptualization of a personal frame of reference, and an extension thereof, that has been postulated to form the hypothetical construct, termed the Transitional

Space. The Transitional Space describes the context in which an individual acts and interacts, and together with its interactional potential, the potential space, has been put forward as explanatory concepts in this work.

The Transitional Space, the basis of which is formed very early on in life, is not permanently set, although aspects of it are difficult to change. It is capable of being updated and modified, as people update and modify their personal windows on life.

The Transitional Space has three major aspects: size, which is characterized by ego development as described by Loevinger (1966); content, characterized by ego identity, described by Erikson, (1973) researched by Marcia (1976) and revised in the present study; and boundary quality, which reflects capacity for contact, derived from experience of successes and failures of the fulfillment of early and later dependency needs with a "goodenough" parent.

These aspects of the Transitional Space, serve to form the frame of reference within which an individual experiences and interacts with the world, and also serves as a context within which to view adult life.

It is essential, when studying adult development, to place it within a broader context, based on the understanding that all development takes place within a social context. Individual functioning, to be understood in all its facets, must always be viewed with respect to this context. The smallest

aspect of the social context is the dyad. It is within dyadic relationships that early development takes place; and it is within the dyad of marriage that the transition to parenthood usually takes place. To study the individual without the context is like trying to study the emotional development of the baby without reference to the mother.

Adult life has been described as having both periods of quiet and periods of upheaval (Levenson 1979), during which the task is to review the past and make way for the future. It is during these periods of upheaval, or developmental crisis (Erikson, 1973) that the individual needs to deal with the change, and hopefully, move on to the next stage of development. At this time, however,there is, also a revival of earlier developmental crises that may need to be reworked. The personal disorganization induced, precipitates the revival of old conflicts, symbolically linked with the present problem (Ciulow, 1982). This allows for the opportunity to work, not only with the issues in the present, but also to deal more adequately with unresolved issues of the past.

The aspect of adult functioning that has been chosen for study is the developmental changepoint of the transition to parenthood. The literature on the transition to parenthood, points to the findings, that although there is a general trend toward a decrease in marital satisfaction, there is considerable individual difference in the way people and their marriages respond to this change.

In the understanding gained from the literature, certain conclusions may be drawn that underpin the rationale for this section of the study.

Firstly, adult functioning must be viewed both in relation to early development and within the context of the marital relationship. A useful way to accomplish both, is to view adult functioning and understand marital relationships from the perspective of the model of the Transitional Space. Thus the functioning of different marital configurations may be understood in terms of the interactions of the Transitional Spaces, and predictions made as to the probable functioning of different marriages under differing conditions.

The question of at what point of adult life to study adult functioning, highlights periods of "crisis".

Clulow (1982) notes that.. "Crises are therefore moments of opportunity as well as risk" (p.42). In the same way that social systems are deemed to be more transparent and less opague at times of change (Lewis, 1959), so the individual's functioning may also be studied with more ease when dealing with change, or at changepoints in life.

With respect to the response to the changepoint of the transition to parenthood, individual difference are recognized and described, however, this does not provide an adequate picture. In the recent literature (Belsky et al, 1985) conclude,

> It is one thing to assert that individual differences characterize the adjustment of families to the addition of a first child, or to document such variation; however it is quite another to explain the variation. Why do some marital relationships improve, whereas others deteriorate? And why do some remain unchanged? It is virtually impossible to answer these questions on the basis of the empirical literature in this area, since so little systematic attention has been paid to individual differences.

In a similar vein, LaRossa and LaRossa (1981) state that,

> The existing literature in the field suggested that there was a need for a study that would have as its purpose the discovery of concepts and hypotheses relevant to the transition to parenthood.
> (p. 31)

In the study by LaRossa and LaRossa (1981), as stated above, a sociological perspective was adopted. To view things solely from a sociological perspective, or solely from an individualistic perspective deprives one of the depth of understanding that may be gained from an integrated perspective. The present approach adopts a perspective that integrates both the individual and the systems perspectives by looking at both the individuals, and how they function together, as a marriage.

To turn to the model derived by LaRossa and LaRossa (1981). criticism of the model comes from the basic orientation adopted in the research - a conflict sociological model. The conflict orientation states that "when confronted with a choice under conditions of real or perceived scarcity, humans will be inclined to choose themselves over others" (Sprey, 1979). The assumption is that marriage as an institution is defined by conflict and characterized by power struggle.

It is proposed here that conflict is only an aspect of marriage, and a symptom of a marriage under stress at that. Marriage is rather an institution for the legitimate meeting of one's dependency needs and the arena for intimate contact. The need for contact is a basic human need (Berne, 1978; Perls, (1976) whether it be within the realms of early regressive type contact in the form of infant type dependency needs, or whether it be in the more "adult" forms of communication and intimacy. Thus the present view is that it is in the interruption and scarcity of meaningful contact, rather than the simple scarcity of time as proposed by LaRossa and LaRossa (1981), that the stress in the marriage is perceived. This perspective is supported in the literature by the frequency of distress reported over the lack of support by husbands, and the obvious ease of transition into parenthood when the support of the husband is present.

It is in response to the need for an understanding of the individual differences in adult functioning within the context of the marriage, that the first part of this study is aimed. It is directed to both discover concepts and hypotheses as well as describe and predict variations in dealing with change in general, and with the transition to parenthood in particular, from an understanding of the postulated hypothetical construct of the Transitional Space.

The frame of reference for understanding dyadic relationships was narrowed down, and thus described in terms of the proposed model of the Transitional Space.

Thus the first aim in this study:

To describe and predict adult and couple functioning on the basis of the model of the Transitional Space, with special reference to the developmental *changepoint* of the transition to parenthood.

Significant life events, like the birth of a first child, are powerful enough to induce a "crisis" (Rapoport, 1965). The first year of parenthood is also seen to be the most intense, compact and pressurized period of growth in young adult life (Jaffe and Viertal 1979). As described earlier, in terms of what is understood in developmental literature, it is an expected and natural process for people at developmental changepoints in general, but at the time of the birth of the first child in particular, to be thrown into some degree of moratorium. As individual functioning may be observed with more clarity during times of change, the period around the transition to parenthood represents a changepoint, which when studied, should enhance the perspective and explanatory potential of an understanding of adult functioning.

A major recent study on the transition to parenthood, is that by LaRossa and LaRossa (1981). They responded to the observation of the need for the discovery of hypotheses and concepts relevant to the transition to parenthood, by deriving a model from the sociological perspective. As described above, this model has been termed a Conflict Sociological Model of the Transition to Parenthood, and is based in a conflict orientation (Sprey, 1979). The diagram of the model is illustrated in chapter 6

The development of the model by LaRossa and LaRossa was in response to the need for the discovery of hypotheses and concepts relevant to the transition to parenthood. However, in terms of the aforementioned criticisms of their basic approach, it is contended here that their model does not satisfactorily meet those needs, and the needs still stand. Thus, in order to address the need for the discovery of hypotheses and concepts, the model will be modified and extended, by integrating it with the individualistic perspective, proposed earlier in this work, in chapter 5

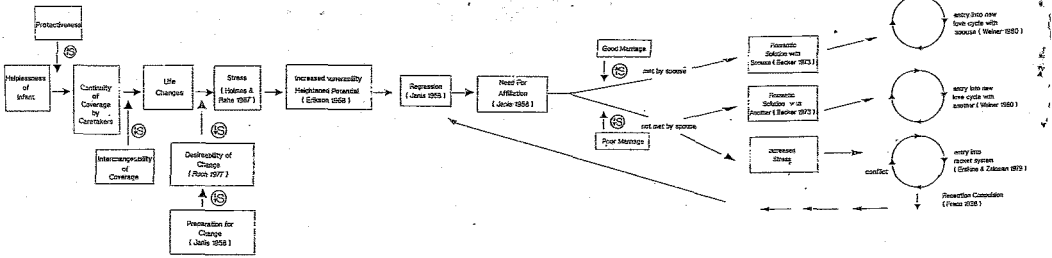


Fig 13
Integrated Model of Successful and Unsuccessful Adaptation to Change

The integrated model may be described as follows:

The total and complete helplessness of the infant and its dependancy on the caretakers (parents) to meet its every need, demands continuity of coverage by the parents. Continuity of coverage means that there is always someone "on duty" to take care of the needs of the infant. However the level of continuity of coverage is contingent on the protectiveness of the parents, so that more protective parents will insist on greater attention to the baby, such as sleeping in the baby's room etc. This continuity of coverage constitutes a major change in the lives of the couple,as previously they had only each other to care for. The level of change in their lives is contingent upon the interchangeability of the coverage. e.g. will the mother allow the father to take complete control sometimes, or the parents allow grandmother to look after the baby.

The birth of a baby brings changes into the lives of the couple, and life changes are stressful (Holmes and Rahe 1967). The degree to which they are stressful is contingent upon (a) the desirability of the stress (Ruch, 1977), and (b) the amount of preparation for the change (Janis 1958; Friedman 1979). Stress and change, constituting a developmental changepoint, produces increased vulnerability as well as heightened potential (Erikson 1973), and the vulnerability produces regression to earlier levels of being, and a concommitant need for affiliation (Janis 1958).

The urgency of the need for affiliation is dependent on the general psychological health of the individuals and the quality of the marriage: a psychologically "healthy" person will not have as many, as regressive, and as urgent needs, as one who has suffered major trauma with many unresolved early needs. And whereas a good supportive relationship will provide a holding environment to start with, and reduce the level of need, a poor relationship by virtue of the already prevalent deprivation, will result in greater neediness.

In a good and adaptable and committed marriage, which is an open system, this will result in a further commitment to the marriage, a romantic solution, and the start of another love cycle.

In a poor marriage, on the other hand, that functions as a closed system, this stress will also produce a regression and the need for affiliation, but because that early need is not being met by the partner there will be increased stress. The increased stress will push the individuals toward fixated patterns of responses, originally used in childhood in attempts to deal with early stresses.

It is these fixated responses that interfere with appropriate functioning and problem solving. Freud's observation of the repetitive nature of these fixated responses, precipitated the derivation of the term repetition compulsion (Freud 1938). The nature of the interlock of the repetition

compulsion between partners in a relationship, has been described and elaborated (Erskine & Zalcman, 1979), and termed, interlocking racket systems. Thus, the increased stress resulting from the frustration of affiliative needs in the relationship will push each individual into his/her repetition compulsion, and the couple into their interlocking racket system. It therefore results in the weakening of the bonds of the marriage and the stronger possibility of those affiliation needs being met outside of the relationship with the entry into a love cycle (Weiner, 1980) with another.

It is during the involvement in unsuccessful patterns of fixated responses, that the probability of conflict and plays for power would arise, as it is from a position of deprivation that they would derive.

All the contingency factors, plus the aspects that produce the individual variation in the model are encompassed within the Transitional Space of the person.

It is the explanatory and descriptive impact of this model of change, with respect to the process of transition to parenthood, underpinned by the concept of the Transitional Space, that defines this aspect of the study.

Therefore, the second aim of this study is:

To assess the significance of the transition to parenthood as a developmental changepoint.

Thus the hypothesis:

The perinatal period constitutes a definite developmental point of change, both for the relationship between the husband and wife and for them each as separate individuals.

Jaffe and Allman in their discussion of Change, conflict and couple styles, describe how,

> Just as the individual has a life cycle, so too do a couple and a family. A couple and family are units continually adapting to new situations and crises by modifying their structure. For example, no change is so profound as the emergence of a third person out of a couple, and the birth of a child profoundly and permanently alters the nature of a couple..
> (p. 180).

A marriage has to respond to the changes that occur from the developmental life sequence of the family itself. As the development of the family proceeds, its members must accommodate to the transitions, and the form of the family itself must change. The form and development of the family system has been described by Friedman and Shmukler (1983). In terms of this family systems model, a major changepoint in the family is the birth of a first child and thus the change from a dyad to a triad. At this point of the birth of the first child, the Child subsystem in the family increases in size, and both the Parental and Adult subsystems must be able to expand and grow, in order to accommodate the increased needs of the biological child as well as the Child needs of both of the parents. However, if the system is a closed fixated system that doesn't

take in new information, there will be major problems in growing and accommodating to the needs of the developing family.

The advent of the birth of a first child has two aspects. Not only is there the event of the birth and the addition of this new child to the family, but there is also the required change in identity of both of the partners, from simply husband and wife to also parent. In terms of Erikson's description of a crisis being a normative turning point and a period of increased vulnerability and heightened potential, this period, around the time of the birth of the first child, is exactly that. It is most certainly a turning point or changepoint and the aspect of increased vulnerability as spoken of at length in the literature. The title of a book written on the subject, is "Babyshock" (Cobb, 1980). This title, in itself, illustrates the acknowledgment of increased vulnerability at this time.

As described previously, this transitional period will be responded to in similar ways to other periods of upheaval, depending on intrapsychic, interpersonal and situational factors. On the interpersonal level, depending on the type of relationship the couple already have, this period of transition will result in either a recommitment, a reawakening of passion, and a growth in the love relationship, or alternatively, a weakening of the bonds and the beginning of the dissolution of the relationship.

The birth of a first child, unlike many other upheavals in life, has a nine month anticipatory period. People, or couples, may approach the advent of their first child in

different ways. There may be no preparation in anticipation of the changes, or alternatively, they may try and find the information relative to *helping them cope* with the forthcoming changes. Thus one couple may happen on this crisis "suddenly", that is at the birth, as a fait accomplit, and without any preparation. This couple will attempt to fit this rather different style of life into their prevailing schemata, often with quite traumatic results. This process of resisting change, has been termed by Whitbourne and Weinstock (1979) "Assimilation". Alternatively, through both conscious and subconscious preparation, a slow process of multiple "accommodations" (Whitbourne and Weinstock 1979) over the course of the time preceding the birth, would result in the required changes.

Pregnancy is often referred to as a time of "preparation" for parenthood. It is certainly preparation at the psychological level as well as preparation at a physical level that is assumed.

Erikson describes this very succinctly...

> a baby's presence exerts a consistent and persistent domination over the outer and inner lives of every member of a household. Because these members must reorient themselves to accommodate his presence, they must also grow as individuals and as a group. It is as true to say that babies control and bring up their families as it is to say the converse. A family can bring up a baby only by being brought up by him. His growth consists of a series of challenges to them to serve his newly developing potentialities for social interaction.". (1959, p.57).

Thus an intervention would aim to assist the couple to

accommodate to the anticipated changes, realistically, with information and experience and practice. With respect to the proposed model for change, described in the present chapter, an intervention would be one of the contingencies influencing the response to life changes.

An intervention is suggested for a number of reasons. Firstly, on a pragmatic basis. There is much evidence that such an intervention would be useful. A number of workers have called for such interventions, and there has been very little in the way of response to those calls. The preparation of couples for parenthood is presently becoming recognized by the professionals working in the perinatal period as an area of concern for preventative as well as educative intervention. Obstetricians, childbirth educators, and pediatricians do not address the issues of the psychological and emotional aspects of the transition to parenthood. They are however, beginning to recognize the need for some intervention at the emotional level for couples during the transition to parenthood. This perspective is further supported by the experience of psychologists, which suggests that many people who come for help, do so as a result of difficulties that can be traced back to the time that they first became parents (Clulow, 1982; Erskine, personal communication, Friedman 1979).

There are many different options for possible interventions, the question being, what would be the optimal intervention to prepare the couple to deal with the changes around the transition to parenthood?

In terms of Breen's (1975) findings, the most striking feature of the women who experienced most difficulties, was the split between the idealized image of what they thought a mother should be like, and the way they saw themselves after the birth of their baby. This finding suggests that it might be useful, during the course of the pregnancy to help the couples gain relevant information as to the reality of good motherhood or good parenthood, and to dispel some of the myths, so that the couple can begin to have have a more realistic appraisal and image of themselves in that role. This is in accordance with the value of preparation as proposed by Janis (1958).

Based on the criticisms of Napier, (1980) that individual participation would work against family adjustment and unity, but rather toward individual autonomy, it is also important, for an intervention aimed at marital adjustment, that husbands and wives both attend and participate.

Applied to marriage and the family, the developmental view states that social groups must similarly evolve a flexible identity if they are to function well and constituent members are to be properly served (Clulow, 1982). It is to this end that an intervention should be aimed; at helping the couple become more flexible, and to try and break out of rigid inflexible modes of being with each other, particularly in the areas of conflict and the meeting of needs. It is with respect to the meeting of needs that much of the emphasis is laid.

Oakley (1979), comments that birth unites and the maternal responsibility divides. This is where the problems begin. An

intervention should aim at enhancing an understanding of the processes involved in the change, and harness that, together with the motivation that is evident during the pregnancy, to ease the transition into parenthood.

The question of the value of group discussions was addressed by Cowan and Cowan (1978). They found positive long term effects on the quality of a couple's relationship as a result of the realistic information gained at the group discussions, and thus deal with the problem of violated expectations (Belsky, 1985). From a theoretical perspective, as this period can be viewed as a developmental changepoint, and if relationships that break down can be dated to the strain in transition, it would be valuable to follow couples who have attended such a course. It is important to see how they respond to the intervention at the time, how they interact with the material, and how they interact with each other and the group in terms of support and the use of the material and information that is given.

In summary, then, it is the two aspects, as described in Chapter 7, that defined the intervention. These are, on the one hand, to provide accurate information for the couple on the changes that will take place in their lives during and after the transition to parenthood, and on the other, to deal with all the dimensions of the Transitional Space and the implications that they will have, both for individual and interactive coping with the transition to parenthood.

From a broader perspective, as the extended family has

broken down, together with the supportive and informative functions that it provided, so the social support for the transition to parenthood has fallen away. The members of the society who deal with the couple over this period in their lives are the medical professionals. It is the human scientists, in fact the applied psychologists, who have the knowledge and expertise to intervene, and who should make a contribution and provide a service, not only in a descriptive sense, but with preventative intervention. For it is the health and development of the entire family that could benefit from a couple being better able to deal with this transition and more satisfied in their marriage, and most importantly, thus having the appropriate resources to be "goodenough" parents to their infants and children.

There is a place in this type of intervention for both the normal couple traversing the difficulties inherent in the transition to parenthood, and the abnormal couple, whose pathologies will be enhanced or exaggerated over the difficulties of this period. Thus the investment in running a course on the transition to parenthood is placed both in the developmental and the clinical arenas.

The final aim:

(a) To design and run an intervention, aimed at facilitating a successful transition to parenthood.

(b) To describe the difference in the way the intervention and non-intervention groups negotiate the transition to parenthood.

Thus the aims in the study are:

1. To describe and predict adult and couple functioning on the basis of the model of the Transitional Space, with special reference to the developmental changepoint of the birth of a first child.

2. To Assess the significance of the transition to parenthood as a developmental changepoint

3. (a) To design and run an intervention aimed at facilitating a successful transition to parenthood.

(b) To describe the difference in the way the intervention and non-intervention groups negotiate the transition to parenthood.

CHAPTER 9

METHODOLOGY

9.1 Introduction:

The model of the Transitional Space was developed in the first section of this dissertation. The objective of the empirical part of the study is not so much to validate the model, but rather to obtain initial indications of whether it provides a satisfactory explanation for a particular sample of individuals. There are a number of reasons for this approach.

Firstly, the theory as developed, contains references to a number of constructs (viz. commitment, crisis-facing, permeability and flexibility) for which no pre-existing scales could be found in the literature. The author was faced with two possible courses of action. Either scales could be constructed, tested and then used to validate the theory, or alternatively, initial indications of the validity of the theory could be obtained by adapting pre-existing scales for use on a sample. The latter was considered preferable. It seemed important first to establish whether the model was adequate, and then to consider approaches to measurement or validation.

The second reason for the toned-down approach lies with the nature of the samples used. It is difficult to persuade couples to commit themselves for the year long period for the

measurement, and/or the intervention. Also, there is a high likelihood of attrition in this kind of research. Besides being self selected, the samples were small, making it impossible to investigate the suitability of all, or even a significant number of the combinations inherent in the model. At best only mean responses could be studied for the groups involved, although particular couples were examined in depth in the qualitative section of this work.

Thus, the empirical part of this document represents a start to the long process of theory validation. Despite its weaknesses, it proved to be a useful and insightful beginning of this process.

In this chapter the scales, design and statistical methodology will be described.

The empirical part of the study took place between January 1981 and March 1986. It comprised two parts:

In the first it was determined whether the birth of the first child was perceived by couples as constituting a crisis significant enough to disrupt their lives.

In the second part, two samples of couples were studied to determine the impact of the birth on their relationships and to examine the change that occurred on the construct that comprises the model of the study.

9.2 PART I

9.2.1 The Testing Materials

Only one scale was used in this part of the study. The Relationship Change Scale (RCS) was developed by Schlein and Guarney (1977) as a measure that would be sensitive to changes in the quality of a relationship. Areas probed include that of satisfaction, trust, intimacy, openness and understanding. By the time this study was started, studies of reliability had not been conducted with this instrument. However, adequate reliability for purposes of group testing, as well as construct validity, can be reasonably inferred from the fact that experimental hypotheses, tested via this test, were confirmed in two studies Schlein (1971) and Rappaport (1976).

Further evidence of concurrent validity is afforded by the study by Schlein (1971). The RCS correlated with two measures designed to assess specific components of relationship change. With the 96 dating couples there were significant correlations of the RCS with the Handling Problems Change Scale (.29, $p<.01$) and the Satisfaction Change Scale (.49, $p<.001$).

The scale refers to change arising out of a critical event. In this study the critical event is the conception of the child, and the period is the time from conception to the time of filling in the questionnaire. Given permission to alter the wording of the time period, the author of this document preceded each item with, "Since the pregnancy and birth of my baby....." (See Appendix F for the complete scale).

Since the wording of the scale had been modified, and since no formal reliabilities had been previously obtained, the reliability of the scale on the sample studied was calculated. Using a Cronbach Alpha, the reliability on a sample size of 63 was found to be .7. This was deemed to be more than satisfactory for the study to continue.

9.2.2 The Design

Although the main objective of this part of the study was to examine whether the birth of the first child constituted a changepoint, it was also deemed important to assess the length of the period at which the change was most apparent. It was expected that people's willingness to express negative feelings about the transition to parenthood would change over time. Hobbs (1965), reporting on the findings of Feldman (personal communication) described what he called a "baby honeymoon"; He believed that couples initially are elated with the experiences related to parenthood, but that after four to six weeks, the impact of parenthood becomes a crisis experience. Hobbs concludes that,

> It may be that parents can more readily acknowledge negative feelings about their child in retrospect than they can during the time that they are experiencing those feelings.
>
> (p. 371)

Dyer (1963) found that couples whose child was under six months were still experiencing more crisis and problems than those

whose child was six months or over.

It was decided to obtain information from three groups of parents:

Group A had a six week old first baby;

Group B had a six month old first baby;

Group C had an eight year old first child.

9.2.3 The Sample

All the subjects were white English speaking and married, and lived in and around the greater Johannesburg area.

The names of subjects with six week and six month old first babies were obtained from the records of private obstetricians and paediatricians in Johannesburg. Prospective subjects were selected by the staff working in the practices. At their next visit the prospective subjects were given a letter introducing the study and asking for their participation. The names and telephone numbers of those who agreed to participate were handed over to the author. She then contacted them telephonically, introduced herself and the study, and obtained their combined permission for testing to take place and for using the material. They were all assured of confidentiality. All subjects contacted agreed to participate in the study. In all n=17 and n=28, parents of six week old and six month old children respectively were obtained.

The subjects with eight year old first children were drawn from two private schools, and were from similar socio-economic and cultural backgrounds as previous samples. After consulting

with the headmasters of the schools, the author used class lists to select possible participants. Couples who had children older than eight years, or couples who had been divorced were eliminated. All couples were contacted telephonically by the author and introduced to the study. The subjects all agreed to answer questionnaires with respect to their experiences, thoughts and feelings around the birth of their first child.

It may be said that the sampling was not random and that consequently the selected subjects were not representative of the urban middle class population of greater Johannesburg. However, they were considered to be representative enough of a white middle class population to continue the study.

9.2.4 Data Collection

The sample were tested by forty students in their third year of study of psychology for an undergraduate degree at the University of the Witwatersrand. Participation in this study was the practical requirement in a course in medical and community psychology, entitled "Adjustment to the Birth of a First Child."

The students were randomly allocated couples for testing.

Three sets of data were mislaid or unusable.

The author prepared the students as follows:

Session A: This consisted of a briefing session on the theoretical background to the subject, as well as the

research project itself. Details of testing materials and presentation techniques were explained.

Session B: Students working in pairs tried out the tests on each other to assure familiarity with the procedures and have any questions answered before being exposed to the subjects.

The questionnaires were scored and checked by the students. Two scores were obtained for each subject.
A copy of the questionnaire and scoring procedure is presented in Appendix F.

9.2.5 Statistical Methodology

The differences between the mean responses of the three groups were analyzed separately for husbands and wives using a one-way Analysis of Variance. A repeated measures Analysis of Variance was used to determine whether the differences between the husbands and wives differed between the three groups.
It was decided to use a repeated ANOVA in preference to covariance, because the complexity of the covariance model and the consequent loss of degrees of freedom was not warrented in the present case where the sample sizes were small. In addition to the pre test measures forming possible covariates, the husbands and wives are also correlated. Thus it seemed preferable to consider the pre - post test as a level, and husbands and wives as another level in the Analysis.

9.3 PART 2

The main empirical study was performed on two groups of couples. Each partner was tested twice on various questionnaires, the first and second administration being over a year apart.

One of the groups received a course, "In preparation for parenthood" between the administrations, while the other groups experienced no intervention. The description of this part will be divided into two sections.

In the first section the methodology, tests and sampling employed in analyzing the groups will be discussed. In the second section, discussion will cover the methodology used in a detailed qualitative analysis of a subset of the samples.

9.3.1 Section 1

9.3.1.1 The Testing Materials

Six instruments were employed in studying the impact of the birth on the partners. These include a questionnaire which examined life satisfaction and stress over the course of the pregnancy; Ego Identity and Intimacy vs Isolation Scales; the Marital Satisfaction Sentence Completion Technique; the Relationship Change Scale and the Loevinger Sentence Completion Test. Some of these scales were subdivided so that theoretical aspects, developed in earlier sections, could be studied in detail.

9.3.1.1.1 Questionnaire composed for the study:

In order to get responses to the specific areas of interest in the study, the author composed a questionnaire consisting of incomplete sentence stems, self rating responses, and simple requests for information.

Questions related to:

- The puerperium
- Changes in role status and expectations
- Emotions
- Socio-economic status
- The marital relationship
- The baby
- The course
- Labour and delivery
- Issues outside the immediate family, e.g. money.

A copy of the questionnaire will be found in Appendix F.

9.3.1.1.2 Ego Identity Scale:

This scale was constructed to measure Identity Achievement vs Diffusion (Erikson, 1978).

The Ego Identity Scale developed by Tan, Kendis, Fine and Porac (1977), as a measure of ego identity, is short, easy to score and free of response bias.

There are twelve items in the scale. Each scale item consists of two statements: one indicating ego identity and the other

indicating identity diffusion. With a sample size of 95, the scale had an average inter-item correlation of r=.114 and and odd-even split-half reliability of r=.68. Ego identity scores based on the twelve items correlated .136 (p=.19) with the Marlowe Crowne Social Desirability Scale (1964), (Tan et al, 1977).

This scale was partitioned into two subscales by the author on the basis of whether the identity issues were being faced or not. A combination of items 1, 3, 5, 7, and 11 was used as a measure of commitment, and a combination of items 2, 4, 6, 8, 9, 10 and 12 was used to measure crisis-facing. Since the questions referred to behaviour outside of the marital context, the scales were deemed to measure commitment and crisis-facing in the outside world.

Each of the items referred to different aspects of commitment and crisis-facing, and were not expected to necessarily display a coherent internal consistency. Nevertheless, on the sample studied, the Cronbach Alpha was 0,67 and 0,62 respectively on a sample of 25 husbands and 25 wives. Although not high, these reliabilities provide added confidence in the subscales.

Note: The subscales should be treated as tentative measures of their constructs as it was not possible to perform a construct validation exercise on them.

9.3.1.1.3 The Intimacy vs Isolation Scale

This scale was developed to ascertain whether the subjects had resolved the crisis of intimacy vs isolation as described by Erikson (1968).

It was also constructed by Tan, Kendis et al (1977). After careful review of Erikson's characterizations of intimacy, statements reflecting these characterizations were devised. The statements were paired together into scale items in a forced choice format in order to effectively minimize social desirability effects. Thus each scale item consisted of two statements: one indicating intimacy and the other isolation. There are seven items in this scale.

This scale was split into two subscales by the author. Items 3, 4, and 5 were used as a measure of flexibility, and items 1, 2, 6, and 7 were used to indicate the extent of permeability. As with the identity scale, the orientation was outside of the marriage. Thus the measures of flexibility and permeability were taken to refer to characteristics that operated outside of the relationship.

The Cronbach Alpha estimates of reliability were particularly low for these two scales, being 0,36 and 0,13 on a sample size of 26 husbands and 26 wives, for flexibility and permeability respectively. As explained in the discussion on the Ego Identity subjects, this did not render the subscales useless as the items were considered aspects of intimacy - the more aspects present, the more flexible a person was likely to be.

In future studies of this sort, better scales with more items will have to be constructed to ensure a proper operationalization of the constructs. Nevertheless, with all their weaknesses, the subscales were used to study the groups.

9.3.1.1.4 The Marital Satisfaction Sentence Completion Technique (MSSC)

The MSSC was used as a measure of Intimacy-Isolation within the marriage.

This scale included thirteen sentence stems. Subjects are asked to complete a sentence, the first few words being furnished. It was assumed that the subject's fears, wishes, and feelings reflected in the responses, were associated with satisfaction in married life.

The test and scoring procedures are presented in Appendix F.

The Cronbach coefficient Alpha on the samples was calculated at 0,92. Thus this test may be taken as a highly reliable instrument.

9.3.1.1.5 The Relationship Change Scale

This scale was described in part 1 of this chapter. In order to obtain information on the extent of change in each of the four dimensions (viz. commitment, crisis-facing, flexibility and permeability) the scale was partitioned into subscales. Some items were excluded since they referred to the partners' feelings rather than that of the respondents.

The subscales were constructed on the basis of separate categorizations performed by the author and a colleague. In all there was disagreement in only 6 of the 26 items. This was resolved by consensus.

Items were allocated as follows:

Crisis-facing: 1, 7, 12, 18, 22, 25 and 26.

Flexibility: 3, 5, 9, 14, 19, 20, and 21.

Permeability: 6, 8, 10, 11, 13, 16, 23, and 24.

Commitment: 2, 15 and 17.

Coefficient Alpha reliabilities were obtained on the samples in the study. With 68 cases (males and females), the following estimates were computed:

Commitment 0,52; Crisis-facing 0,56; Flexibility 0,61; Permeability 0,75.

Although there is room for improvement, the smallest reliability exceeds 0,50, which in this case would be a minimum for research purposes.

Again, no construct validation was performed although the interscale Pearson Product Moment Correlation was examined.

Table 2: Pearson Product Moment Correlation Coefficients on RCS sub Scales

n=68

	Co	Cf	Fl	Pe
Co	-			
Cf	0,41***	-		
Fl	0,35***	0,61***	-	
Pe	0.38***	0,61***	0,72***	-

*** - Significant at 1%

As might be expected, the subscales are highly correlated. In both cases, and consistent with theory, the within Identity and Intimacy subscales correlate more highly than the between Identity and Intimacy subscales.

The size of the correlations raise the question as to whether the constructs are being cleanly measured. The overlap between crisis-facing and the two intimacy subscales is higher than desirable, although this overlap makes theoretical sense.

The subscales will be used as is, although it is recognized that adapted or newly constituted scales should be designed in future studies.

9.3.1.1.6 Sentence Completion Test for Measuring Ego Development (Loevinger, Wesslar and Redmore, 1970)

This test of ego development was devised for women and girls (1970) and extended for men and boys (Loevinger, et al 1979).

The test is based on stages of ego development derived by Loevinger et al (1970) and discussed in detail in Chapter 2.

The test is a projective one in that the subject is required to complete sentance stems. However, the completed sentences are then rated. The basic strategy is to identify qualitative differences in the successive stages of ego development. Every response is than matched against the sequence of qualitative stages and assigned to the level it most closely matches. A description of the levels of ego functioning is described in Chapter 2. The assumption is that every person has some level

of core functioning, so Total Protocol Ratings are arrived at by making a frequency distribution of the item ratings and then a cumulative frequency distribution (ogive). The total protocol rating is assigned using the ogive rules in the manual.

The original test comprises 36 sentence stems, however, Loevinger et al (1970) have acknowledged the value of using 18 sentence stems, particularly when the 18 stems from the Retest Sentence Completion Test for Ego Development is being used, as in the present study.

This measure of ego development has been rigorously tested. Loevinger et al (1970) in summarizing evidence on studies with the scoring manual, state that it has been shown to be quite reliable regardless of the amount of previous training of the raters above a certain self-taught minimum. Also that the test provides a measure of unitary dimension that can be considered to be a developmental trait.

9.3.2 The Design

Initially the intention was to assess the impact of the intervention by comparing change in psychological characteristics between an experimental and control group. It was decided to take certain measures near the start of the course, and repeat those measures about nine months after the birth of the baby. The period of nine months was chosen as a point when the "honeymoon period" with the baby would already have past; and the couple would be properly involved in the

business of young parunthood However, it soon became clear that within the means of the author, it would be impossible to obtain comparable samples for the two groups.

Instead, the objectives were modified. It was decided to monitor two separate groups of couples as they proceeded to parenthood and beyond. The first group received a course, while the second received no intervention. The groups were contrasted so that theoretical insights could be obtained. However, the success or failure of the intervention could not be assessed.

9.3.2.1 The Intervention Group

The group was obtained from doctor's practices and through media coverage. Many of the couples were drawn from the practices of five private gynaecologists who expressed interest in the intervention. However, of many names proffered, very few young couples were interested in attending such a course. Whereas they would all attend courses in antenatal education, when approached, many suggested that as they were happily married, they did not think it necessary to attend a course of this nature.

In order to augment the numbers, an article was published in an evening newspaper, describing the issues around the transition to parenthood, and advertising the course. There was a good response to this advertisement, and the courses were filled. The couples all came from a middle class environment, and were white and English speaking. Twenty one couples attended the course. Three couples dropped out; one woman

miscarried another's husband was drafted into the army for three months and she felt unsafe to travel the distances at night to attend the course on her own. One couple attended the entire course, but mysteriously disappear before the last session. Despite the fact that the course was run in the evenings, a difficult time, when "pregnant couples" tend to be tired, attendance was particularly good. If a couple did miss a session, they always telephoned their apologies, and borrowed the recordings that were made of the session, in order to "catch up".

The husbands, in the final sample of 15, had a mean age of 29,6 years, while the wives in this sample had a mean age of 26,4 years. The couples had been married for a mean of 2,5 years.

The couples in the intervention group were given the complete set of questionnaires at about five months of pregnancy, near the beginning of the course. They then participated in the course, and were retested 6-9 months after the birth of their baby.

9.3.2.1.1 The Course

There were 12, two hour sessions which began from about 5 months of pregnancy and ran until the birth of the baby. There was also one follow up session 6-9 months after the birth of the baby.

9.3.2.1.2 The Approach

Since it was crucial to motivate both partners of each couple to participate on an ongoing basis, a fine balance was maintained between giving information, being entertaining, and presenting material in such a way that businessmen and professionals also see it as relevant to their lives.

Presentations were balanced, with different ways of presenting and experiencing the material, so that in each session participants' interest was engaged, and involvement ensured. Presentations consisted of:

1. Handouts: Couples took handouts home after each session which summarised, and sometimes added, to the material. It was considered important to give the participants something concrete to take home with them - a way of fixing the material and recording the process of the course.

2. The course also consisted of lectures on personality structure and function from the perspective of Transactional Analysis, particularly the notion of the ego states. A relevant aspect was the expansion of the model of ego states into a systems framework, (Friedman and Shmukler, 1986) so that the the couple's understanding of the growth and development of the family was located within a systems framework. Other lectures dealt with aspects of the marriage, such as communication and conflict resolution.

Also dealt with was the transition to parenthood, under such topics as: stress; change; aspects of childbirth and

childrearing, eg bonding; the joys and challenges of having a baby; and post-natal depression.

3. Experiential exercises

4. Questionnaires on which to rate themselves, each other and their marriages.

5. Visualizations.

6. Skills development such as learning the "rules for rows" and other conflict management skills.

7. Dealing with real problems, e.g. listening to radio programs where people telephoned in with their problems relating to the transition to parenthood, and discussion about them.

Examples of some of the material dealt with in the course is presented in Appendix G and H.

9.3.2.2 The Non Intervention Group

The non intervention group were drawn from the practices of private gynaecologists and antenatal educator.

Like their fellows in the intervention group, the couples in the non-intervention group were from a middle class background. They were all white and English speaking. Twenty couples expressed a willingness to participate. However, by the end of the study, only eleven couples remained.

The mean ages of the husbands and wives in this group were 31,58 years and 29,17 years respectively. On average, they had been married 4,2 years.

The couple were given the complete set of questionnaires at about five months of pregnancy. They experienced no formal intervention, although all of the wives participated in antenatal classes of their own accord. They were retested on the instruments, 6-9 months after the birth of their children.

9.3.2.3 Discussion on the Sampling

Although a randomized group design would have been preferable, insufficient couples willing to participate in the course were obtained. If this had not been the case, the couples could have been randomly allocated into Course and Non-course groups - with an explanation that only X people could be accommodated.

The members of the intervention group are not members of general population of parents who are about to have their first child - they were not meant to be. They may be taken as representative of the group of couples who are willing to participate in interventions, aimed at improving the quality of the transition to parenthood. The precipitating factors in their interest in this course may be the anticipation of problems, based either on seeds already evident in their relationships, the expectations of difficulties, or perhaps the strivings for greater self awareness.

The non-intervention group were, on the average, older than the intervention group and had been married for a longer time. They too may be thought of as volunteers, as there was no

compulsion to participate in the study. This group did not express an interest in undergoing the course, and thus entered the study as psychologically different.

Both groups experienced an attrition rate which further reduces the generality of the study. In the intervention group, three couples dropped out, while it may have been predominantly those in the non-intervention group who had had a good experience and wanted to share it, who were prepared to take the considerable time to complete the second questionnaire. In fact is was mainly the husbands who determined whether a couple was finally included in the non-intervention groups, as there was a fair number of wives who submitted the second questionnaire in the hope that their husbands would collaborate, and were disappointed.

With the differences between the groups, it is impossible to assess whether the course was successful. However, by examining the mean characteristics, and by looking at how they change, one is able to study aspects of the Transitional Space.

9.3.2.4 Data Collection

9.3.2.4.1 Intervention Group

At the end of the third session of the course, personal envelopes containing the tests were given to every participant. The instructions were to complete the questionnaires, privately, and in their own time, to seal it in the envelope provided, and

hand it back to the investigator at the following session. Except for a few outstanding questionnaires which were handed in at the following session, all completed their questionnaires timeously. There was motivation to complete the questionnaires, as the couples were told at the start of the course that there would be no charge for the course, however, payment would be expected in the form of completion of questionnaires, to assist with the study. This contract was readily agreed to by all.

At the end of the course, the participants were asked to complete a questionnaire evaluating the course.

A copy of the questionnaire may be found in Appendix F.

About six months after the birth of their babies, the couples were contacted telephonically by the author and advised that would be receiving the second set of questionnaires in the mail. They were asked to complete them, seal them in the envelopes provided, and bring them to the follow up meeting. This was done by all.

9.3.2.4.2 Non-Intervention Group

This group were handed the initial questionnaires, either by the staff of the gynaecologists, or the ante-natal educators. They completed the questionnaires. Sealed them in envelopes, and handed them back, from where they were collected by the author.

The couples were all contacted telephonically by the author about six months after the birth of their babies, and were

informed that they would be sent the second set of questionnaires by post. They were requested to complete them and return them in the stamped addressed envelopes provided. A number of them had to be contacted a few more times to urge them to complete the questionnaires, and some responded, while other did not.

9.3.2.5 Data Analysis

The theoretical presentation of this thesis reflects an understanding of the aspects of the Transitional Space, specifically the aspects of content and boundary quality as represented by the measures of ego identity and intimacy. The optimal way of dealing with the measures gained from the study, would be to place the scores of the individuals on axes of commitment, crisis-facing, permeability and flexibility as proposed in Chapter 3. As the samples in the study are small, and as the quality of the measures not ideal, it is not possible to do this. It was decided therefore, to limit the present discussion to the dimensions themselves without attempting to place them on such a graph.

Although the intention of the study is to examine how the groups changed over the transition to parenthood, it was decided to compare statistically the nature of the change between the two groups, to ensure that differences observed, are in fact present and due simply to random variation.

Repeated measures analysis of variance was used to compare

the reactions of the groups to the transition. The correlation between the husbands and wives was accounted for in the design, while the pre and post test scores were used as another factor. Thus the analysis of variance included two within couple effects, (viz, Family member [F] and Pregnancy [P], or sometimes, Birth [B], each with two levels (viz, Husband and Wife, Pre and Post). In addition, the between couple effect of group membership [G](with levels of intervention and non-intervention), was examined.

Interactions between t[illegible] were tested, using appropriate error terms as stan[illegible]

The effects looked at the following aspects:

PXFXG - differences in change scores between partners which was not consistent between groups.

PXF - differences in changes between partners eliminating differences between groups.

FXG - differences between partners which were not consistent between groups

PXG - differences between change scores which are not consistent between groups - the family member effect is eliminated.

F - overall differences between family members eliminating the effects of group membership and period.

P - overall change over time - eliminating the effects of group and family membership.

Thus effects involving P (i.e. pregnancy or birth) were concerned with changes, effects involving F identified differences between the family members, while effects involving G examined differences between the groups

In addition, four contrasts were computed and analyzed. Group differences, pre and post test between husbands' and wives' responses were examined. In addition, group differences on the change score were examined separately for husbands and wives.

In order to examine the comparability of the groups, separate analogous repeated measures Analysis of Variances were sometimes computed on the pre test scores only.

It should be noted that the sample sizes in this study are small, and that the power of the statistical tests is limited. In addition, the measures are sometimes unreliable. Thus discussion will often center around trends in the data when significance at 10% is not obtained.

This approach fits in with the exploratory nature of the research. In later work a stricter modus operandi is proposed, which should take into account the multitude of tests which increase the probability of a type 1 error markedly.

9.3.3 Section 2

This section will contain information on the scales, subjects and methods employed to perform more of a qualitative analysis on a subset of the samples.

This methodology arises out of the theoretical and conceptual map and models developed in the thesis, to understand the intrapsychic and relationship functioning in marriage. There are two ways to get a window into the worlds of people.

The first way is to look at general trends of the ways is which they cope with their lives.

The second way is to take an in depth look into particular parsons or couples.

Both of these aspects were explored in this part of the study.

General trends of the ways in which people cope with their lives over the transition to parenthood were examined using self rating scales and self report incomplete sentence stems, devised by the author.

The proposed methodology for an in depth understanding of individual and couple functioning was devised in order to operationalize and validate the theoretical model of the Transitional Space.

The use of qualitative, descriptive methodology, as discussed previously in chapter 1, is indicated, both for its heuristic value, and for the detailed description of data that is necessary in theory building. As the model of the Transitional Space is an original one, and the methodology a proposed operationalization, qualitative analysis is critical for this stage of the development of the model.

The approach taken in this part of the study is similar to that of Whitbourne (1986). Becoming totally immersed in the projective material, and for those in the experimental group - personal impressions enhanced both the content and process perspectives on the couples.

Whitbourne (1986), in a study of adult identity, based her study on interview and projective material. She reports that the answers to the interview were analyzed by the usual psychological procedures of content analysis and ratings, she continues, "However to provide an understanding of the identity of the persons who generates these answers it was necessary to engage in the largely subjective process of becoming totally immersed in the entire interview as a unit" (p.5). Whitbourne suggested that taking this approach made it possible to form a hypothesis about what sort of identity the respondent had. Also, she was able to observe both the content of the adult's identity and the processes through which that content developed.

9.3.2.1 Test Materials

The use of projective techniques is of particular benefit when conducting qualitative research, as it is the personality as a whole that is being evaluated by such techniques. This is consistent with the organismic perspective reflected in qualitative research.

Projection is seen from the Freudian sense as a general perceptual process, whereby all contemporary meaningful

perception is predicated upon, and organized by, the memory traces of all previous perceptions (Freud, 1938).

Despite the criticisms however, there appears to be ample evidence, particularly from the clinical field, of the pragmatic value of the use of projective techniques, and their value in for in-depth individual study.

9.3.3.1.1 Questionnaire composed for the study

Both this and the Sentence Completion test below were discussed previously in part 2 section 1 of this study.

9.3.3.1.2 Marital Satisfaction Sentence Completion Test (Inselberg, 1961)

9.3.3.1.3 The Sentence Completion Test for Measuring Ego Development (Loevinger, Wessler and Redmore, 1970)

9.3.3.1.4 Thematic Apperception Test (Morgan and Murray, 1935)

The test attempts to elicit meaningful responses out of subjects with pictures.

In this study, only picture 8GF was used. This is a picture of a young woman sitting with her chin in her hand and looking off into space. This picture was used as it could very easily prompt thoughts of a pregnant woman ruminating over her life, essentially among the important issues in this thesis.

The responses to the TAT picture as well as the other tests above, were not analysed in any traditional fashion, but were

used projectively to gain a window into the world of people at that time in their lives; the issues with which they were dealing; and the issues they were avoiding; their emotional experience at the time of the transition to parenthood; aspects of identity, and capacity for contact.

At the end of the pregnancy the intervention group were asked to complete a questionnaire evaluating the course as well as to write a..,

Letter to Your Baby (See Appendix D).

Further projective information was gleaned off the following responses at the second testing:

Marital Satisfaction Sentence completion test

TAT

Loevinger Retest Sentence Completion Test for Ego Development.

Responses on questionnaire composed for study.

The standard criticisms of projective techniques and self reports would apply to this methodology. The foremost criticisms seems to be the failure of investigators to duplicate the studies they set out to check. Another important criticism is the lack of a sufficiently comprehensive, clear and

formalized basis for interpretation (Piotrowski 1967). In this study, some precautions have been taken to meet the psychometric requirements, in that the scales on which the ratings were scored, have been formalized so that in future validation studies, duplication may be achieved. The next step would be the validation of the study.

9.3.3.2 The Subjects

These were the same subjects, from experimental and control groups in part 2 of this study.

Six couples were selected from the two groups, four from the intervention, and two from the non-intervention group for in-depth study. These couples were chosen because it was felt that they represented typical examples of marriages that may be encountered with some frequency, and were therefore of interest.

9.3.3.3 Data Analysis

The main form of rating carried out in this part of the study is an extension of the approach taken by Loevinger et al (1970). In the Loevinger study, using the completed sentence stems, the raters in their work used clinical judgement to place the subjects in the particular categories related to their level of ego development. The rating was confirmed by the use of at least two raters agreement on the placing. The procedure is similar for this study, where the raters utilize all the projective material and use agreed clinical judgement to place the subjects on the scales with respect to the aspects of the Transitional Space.

9.3.3.4 The Raters

The two raters are both clinically trained, as the rating of the projective measures requires clinical judgement. This approach is similar to that of Loevinger (1976), who also requires that the raters in the test of ego development be clinically trained.

9.3.3.5 Procedure for rating

All the rating in this section was done with inter-rater agreement, as it is an accepted approach that agreement by discussion is more valid than determining averages. Both raters independently scored the individuals on the different measures, after which they came together, discussed, and agreed upon a final score.

When rating the characteristics of the Transitional Space, size was described as level of ego development. Thus the score on the Loevinger Sentence Completion test, and the Loevinger retest sentence completion test for ego development was used.

Content, or ego identity status was derived by an agreed upon rating in the two aspects that were considered central: work identity, and marital identity. The ratings were derived by placement on a graph describing the four quadrants of identity status plus moratorium, discussed in detail and reformulated in Chapter 2. The one axis on the graph represents capacity for commitment to a goal, and the second axis, the attitude of crisis facing vs crisis avoidance. The graphic representation, based on a typological understanding of identity

status, is a departure from the linear perspective taken by Marcia (1976), was also formulated in this study, and in particular, enables the movement of ego identity statuses over time to be reflected, as well as that between husband and wife to be compared.

An illustration of the graph is presented below.

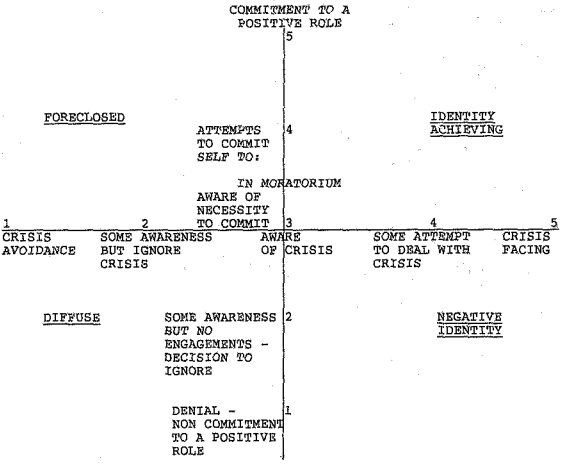


Fig. 14 : Graph on which content of the Transitional Space, as Ego Identity, was derived

Boundary quality, or capacity for contact, was also rated as a status, represented on a graph. The two axes on the graph represent permeability and flexibility of the boundaries. The graphic representation promotes a greater understanding of the intimacy statuses.

An illustration of the graphic representation of boundary quality is presented below.

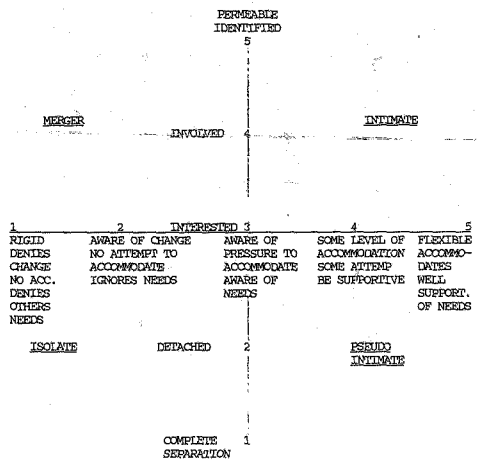


Fig. 15 : Graph on which Boundary Quality, as Capacity for Contact, was derived

Although the dimension of permeability is theoretically the least changeable, the question arises as to whether one is actually measuring permeability as the capacity for intimate contact in the present test, or perhaps rather, the conscious or unconscious shutting down or opening up to intimat contact. It must be concluded, that as capacity for intimate contact is relatively determined from an early age in terms of the characteristics of the boundaries of the Transitional Space, it is the volitional or unconscious opening or closing of boundaries that is being tapped by the measures in this study. Therefore although the actual experience of closeness or intimacy may vary, boundary quality or the capacity for intimate contact is relatively unalterable and sets parameters within which an individual may establish and maintain contact. Thus this aspect of the Transitional Space was rated using both pre and post measures to get a single score.

9.4 Methodological Considerations.

9.4.1 Self Report Measures.

Because self report techniques are particularly susceptible to faking and social desirability response sets, forced choice techniques have been used in order to try and control it. Many of the tests and questions used in this study are in the forced choice format. In addition to the finding that the forced choice technique has not proved as effective as had been anticipated (Anastasi, 1976), there are other problems in the use of this technique. The major problem, confirmed in this

work was that neither of the forced choice items represented the views of the respondents, with the result that sometimes it resulted in missing data while at other times the subjects commented on the fact that neither of the options represented their viewpoint. Thus what is perhaps gained on one hand by the use of the forced choice technique, is lost on the other.

9.4.2 Projective Techniques

The projective hypothesis assumes that responses as "projections" reflect significant and enduring personality attributes. In the assessment of boundary quality in the capacity for contact, the projective tests were used from the perspective of the projective hypothesis, however, in the assessment of the content as aspects of ego identity, an alternative perspective was used. Responses were regarded, not as direct expressions of motives, but as samples of the individual's thoughts.

In the present study, the attribute of capacity for contact was examined, using multiple tests in order to have some kind of validation for the conclusions drawn from the projective measures. The procedure is better than using a single rating, however, it still suffers from the shortcomings that are generally problematic in the use of projective measures. Validity is a major problem in the use of projective techniques (Anastasi, 1976) and here too, the problem raises its head. Although predictive validity has, at an exploratory level, been confirmed, other aspects of validity may be brought into question with respect to the methods of validation used.

Anastasi suggests that some methodological deficiencies may have the effect of producing spurious evidence of validity where none exists. She continues to describe how there may be contamination of either the criterion or the test data, where judges may have had some knowledge of, for example, the test performance. In this study, as the raters had both had contact with the subjects during the course, and had knowledge of the outcome where problems had arisen and the couple had come for assistance, before the analysis of the data, contamination must have occurred to some degree. It is suggested, therefore that blind raters, that is those who have had no contact at all with the subjects, and no of no outcome data at all, rate the material. In that way there may be more assurance of the validity of the data.

A comment on this procedure is made by Anastasi (1976) who writes that,

> Clinicians have argued, however, that blind analysis is an unnatural way to interpret projective test responses and does not correspond to the way these instruments are used in clinical practice.". (p.581).

The perspective taken in this study supports the above perspective, taken by the clinicians, and it was on this basis that the study was undertaken in the format that the raters could use the clinical judgement gained from the interaction with the clients during the course to add to the projective assessment.

Perhaps the way to cover both these areas is to have both independent raters and raters using clinical judgement, and assess inter-rater reliability among them.

CHAPTER 10

QUALITATIVE RESULTS & DISCUSSION

PART 3:

This section deals with the in-depth qualitative study of six couples; four couples from the experimental group and two couples from the control group. This aspect of the study is intended to illustrate how the model of the Transitional Space can be operationalized and validated. Thus the six couples will be rated on the various measures derived to illustrate the aspects of their Transitional Spaces.

The results in this section will be presented in two forms. Firstly, a descriptive profile of each of the individuals will be presented, followed by a profile of their marriage, and a prediction of how each particular marital configuration will deal with the course and with the transition to parenthood.

The material is presented in this form in order to illustrate how the rating derived for the Transitional Space can be used.

The profiles are followed by tables and graphs illustrating the statuses assigned to the couple on the parameters relating to the Transitional Space, and illustrations of their Transitional Spaces and how they interact.

Finally, a number of tables will be presented, derived from the self report ratings from the questionnaire composed for this study.

10.1 Roy and Tessa: A good marriage, successfully negotiating difficulties

This couple was chosen to show how a couple, with the right ingredients for a good marriage, may, as a result of circumstances, land in difficulties. However, because of the strong basis from which they operate, an intervention is really valuable, as they are the kinds of people who will use the information and experiances that they gain.

10.1.1 Profile

Roy

Roy is 26 years old, of medium height, and rather slight of build. He works as an assistant data processor, and presents as a very nice, pleasant and sweet fellow, but lacking in confidence and not particularly bright. He tends to whine when he speaks and is a little effeminate. He worked as a technician. At the time of the intervention, he was having problems at work, rather unhappy in his job, earning inadequately and afraid to leave as he was not sure of his ability to get another job. He was particularly concerned over the finances after the baby was born, as at that point Tessa would not be working. In spite of his inadequate way of expressing himself, he had a high level of ego development, with concerns beyond himself, and an appreciation and sensitivity to others. This may have derived from his own distressed home, distance from his father, but very close and caring relationship with his mother. His capacity for contact is very good and

thus the potential for a good intimate relationship is clearly there. As a result of his problems at work he was feeling very depressed, and not sleeping well at night. During the intervention he moved to a new department, which allayed some of the distress, however he would still rather have left for a new job.

Despite having had a lot of difficulties in their marriage, he was very obviously committed both to his wife and to making their marriage a good one.

Tessa

Tessa is 27 years old, a nursing sister/secretary. She is a fairly tall woman, well dressed in a sporty fashion, high energy and clearly feels good about herself. She has been married for three and a half years, and although a qualified midwife, she was, at the time working in her father's gymnasium. As a midwife she said that she knew all about pregnancy and childbirth but "when it's yourself it's different!" She made many insightful comments, but she too did not appear either sophisticated or clever. Having both a high level of ego development, good contact boundaries and a strong commitment to the marriage, her transitional space parameters would auger well for the future.

She was surprisingly well adjusted considering her very difficult background. Separated from her mother and sister at the age of six, she was raised by her stepmother. My stepmother

was hard on me - but in the last few years and definitely since the birth of my baby she has softened a great deal. I always pined for my own mother, and was terrified of my step-mother when I was little. I would hate my child to feel any of the conflicting feelings and emotions I myself experienced. I want to protect her from this because I still have problems, relating to my upbringing." She obviously, however was very well nurtured by her father; admires and feels close to him and very committed to his wellbeing. In fact it was this loyalty to her father that produced problems for her after the birth of the baby. Her father had recently had a heart attack and needed her help in the gym. That, together with the financial pressures at home, precipitated her returning to work seven weeks after the birth of the baby. As she had no help at home, she took the baby to work with her. The strain of the new baby, the job and housework proved too much for her, and she came for counselling. Although it felt awesome and insurmountable, her problem was a simple logistical one, of understanding how her loyalty to her father was interfering with the priorities of the moment. Once she put her priorities in order, stopped working for a few months, and managed to get some help in the home, she felt infinitely better and was able to really enjoy her baby and her marriage.

10.1.2 The Marriage

Their marriage, up to the time of the pregnancy, had been, in Tessa's words, a very rocky one. This came about as a result of Roy's job which involved him travelling away from home a great deal, and "they drifted apart." The difficulties were very evident in their TAT stories, where both of them wrote long and detailed accounts of a woman having problems in her marriage. Despite the difficulties, however, both were optimistic in their outlook and clearly committed to the marriage. Both of them were facing the difficulties of their marriage and attempting to work them out together. They had been married for a number of years before the pregnancy, and were also concerned that they had become set in their ways and "there might not be room for the baby." They both reported that their marriage had improved over the course of the pregnancy.

In terms of the configuration of their marriage with respect to the transitional spaces, this couple had close to the ideal configuration; both relatively high in ego development, committed to their marriage and good capacity for contact. It was predicted that they would be receptive to the course and use it to work on their marriage. What is interesting is that despite the difficulties that they had in their relationship, they both rated themselves as much more satisfied with life during their marriage than before marriage. After the birth of the baby Roy rated himself as totally satisfied, and Tessa,

almost totally satisfied. Roy sees himself as more involved with the work with the baby and the general work than Tessa does. This is probably a source of conflict for them.

Whereas Roy's anxiety level was highest at the birth itself, Tessa saw her anxiety as most high, in fact at the extreme, during the first three months after the birth. That was the point at which she came for counselling. During that period Roy rated himself as having very low anxiety. When talking to him, the issue distressed him, but he did not experience it as anxiety provoking, whereas Tessa most certainly did.

After the birth of the baby, Roy saw their communication, support for each other and the stability in their marriage, as having become much better, whereas Tessa experienced all those as the same. Roy also saw their ability to solve conflicts and handle stress as having improved, whereas Tessa saw them as having deteriorated, yet both reported an improvement in the marital relationship. It would appear that the reported improvement in their marriage has a lot to do with Roy's perception of things having improved.

10.1.3 Table 3: ASPECTS OF THE TRANSITIONAL SPACE

A. Content: Identity Status

	Work				Marriage			
	Husband		Wife		Husband		Wife	
	Before	After	Before	After	Before	After	Before	After
Commitment	3	3	3	3	5	5	5	5
Crisis Facing	3	3	3	3	3.5	4	5	5

B. Capacity for Contact

	Husband	Wife
Permeability	5	5
Flexibility	5	5

C. Size : Ego Development

	Husband		Wife	
	Before	After	Before	After
Total protocol rating	I-4	I-3	I-4/5	I-4

D. Ego Identity Status

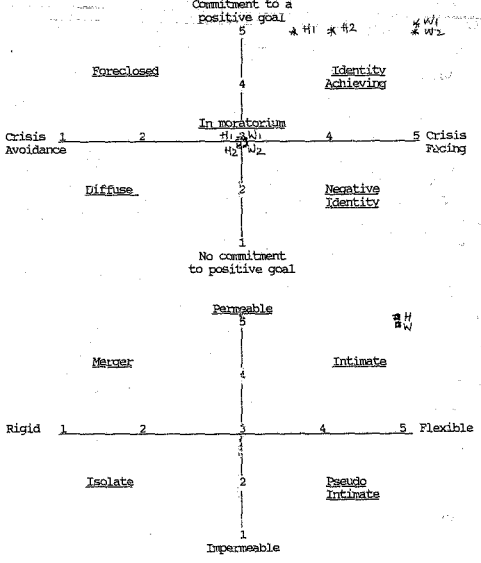
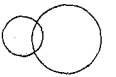


ILLUSTRATION OF TRANSITIONAL SPACE

THE MARRIAGE

Fig. 16: Configuration of the Marriage - (Roy & Tessa)



10.1.4 RESULTS

Table 4 : Table of Comparative Personal Ratings of Anxiety Over Transition to Parenthood.

Trace your level of anxiety as you progressed through the pregnancy, birth and first few months of your baby's life. rate yourself out of 10 for each time period.

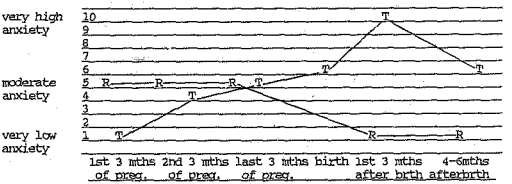


Table 5 : Table of Comparative Ratings of Aspects of the Marriage Since the Birth of the First Baby

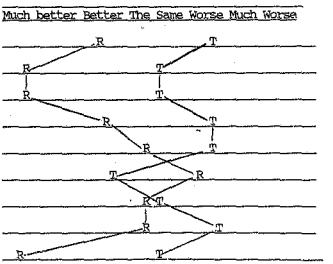


Table 6 : Life Satisfaction
Rate out of 10 your overall satisfaction with life:

	R	T
(a) Before marriage	5	5
(b) Before pregnancy	7.5	8
(c) During pregnancy	7.5	8
(d) Since the birth of your baby	10	9

GUIDE: 0 = 10 = totally dissatisfied
5 = 10 = moderately satisfied
10 = 10 = totally satisfied

10.1.5 Discussion of Roy and Tessa:

From the description in the results, it is evident that Roy and Tessa's marriage improved after the birth of the baby, despite the difficulties that Tessa experienced after having to go back to work so soon and not having any help.

In the comparative ratings of aspects of the marriage since the birth of the baby, what is clear is that Roy sees things as having improved a lot, whilst Tessa sees most things as having stayed the same, or deteriorated. The only aspect that Tessa sees as having improved, is Roy's dependency needs.

Despite the deterioration from Tessa's standpoint, in their ability to solve conflicts, their ability to handle stress, her need for dependency, and their sexual relationship since the birth of the baby, she still rates her overall satisfaction with life as having improved, and the stability in their marriage to be the same. Despite the problems in their marriage, and after the birth of the child, Tessa still rates her overall satisfaction with life as extremely high, particularly in relation to before the marriage.

Roy perceives an improvement in their ability to solve conflicts; their communication; their support for each other; their ability to handle stress; and the stability of their marriage, and rated his satisfaction with life 10/10 - totally satisfied, with a very low rating of anxiety. He started off at the beginning of the pregnancy, moderately anxious, much more anxious than Tessa. However, his anxiety was much ore work related. Roy changed from an unsatisfying job that took him away from home, and contributed to their growing away from each other. It appears that the pressures, and reduction in pressure from work when he changed jobs, contributed very strongly to his increase in marital satisfaction.

For Tessa, however, who now had to hold down a job, be a mother and wife, marriage didn't feel improved.

What is significant about their marriage and the way they handled themselves, is that when they did run into problems after the birth of the baby, they not only were able to use some of the material from the intervention, but also did turn to the author for help, and effectively used what was gained from the session, without needing any further intervention. Thus in terms of the prediction from the data on their Transitional Spaces, they in fact coped as well as was predicted.

One aspect that remains to be discussed in terms of the Transitional Space, is the marked reduction in the size of Roy's Transitional Space. This reflects regression in ego development. Loevinger, (1966) asserts that once a level of

ego development has been attained, there is no possibility of regression. She writes about an "invariable sequence" (1966, p. 204), to ego development, where "each stage builds on, incorporates, and transmutes the previous one" (p.204). However, both the general findings, and in particular with respect to Roy, there is a marked decrease in some total protocol ratings in ego development from during the pregnancy to after the birth of the baby. Whereas Roy's marital satisfaction has increased; anxiety decreased; life satisfaction increased; and dependency needs decreased, there is a regression in ego development. An interesting possible explanation for that may be that with the decrease in overall pressure on him, Roy has had the opportunity to relax, and be much more involved with himself and his own personal world than he was forced to be when the pressure was on. This self involvement might be what Tessa is responding negatively to when her dependency needs have increased, as well as her general need for help, in sorting out her priorities and strategies for coping.

In summary then, the model of the Transitional Space was useful in the prediction of the way they both utilized the intervention, and the way they dealt with the transition to parenthood. It was particularly useful in highlighting the change in the rating and implications of ego development in relation to the other aspects of their personalities and the way they interacted with each other. What is also important to be

aware of, is the continued level of commitment and capacity for contact that underlies their relationship.

In some relationships, like that of Roy and Tessa, where there have been problems in the marriage and there is some questioning in the relationship, but yet a strong basis for further commitment, the upheaval of the transition to parenthood, because it focuses the partners back inside the relationship and family within a positive context, could precipitate a recommitment to the marriage and a romantic solution.

10.2 Harry and Pat: Two high achievers with a poor prognosis

This couple was chosen to illustrate the difficulties that a couple with their configuration of Transitional Spaces will encounter. In contrast to Roy and Tessa, this couple are both very intelligent with large Transitional Spaces and certainly in the area of work, identity achieving. However, neither of these two achievements can save them from marital problems, as it is in the area of contact, the boundary quality of the Transitional Spaces that intimacy and successful relationships must be based.

10.2.1 Profile:

Harry

Harry is 28 years old, and has been married for four and a half years. He is a tall, smart, and conservatively attired, handsome, advocate. He is extremely well spoken in English

despite his home language having been Afrikaans, and uses language as an accurate weapon in transactions with others as well as in his frequent criticisms of himself. Harry is extremely critical of everything, and very challenging in his manner, although he is also overinclusive and noncommital. He presents as authoritarian and rigid, reflecting the male stereotype in Afrikaner culture. This is paradoxical as he often refers to his very active liberal political stance. He is also articulate in his support for the feminist movement and his wife's feminist activities. Another paradoxical aspect of his personality is his goal directedness in some instances, while at the same time he is overinclusive and unable to take a decision.

He struggles with his own vulnerability and that of others, moving from extremely critical to extremely supportive, although at no point could he be termed compassionate. He is very involved in himself and his own world and everything else appears peripheral.

At first he was rather sceptical of the value of a course in the preparation for parenthood. He came in very challenging and provocative, much to his wife's embarrassment. However, he quickly began to enjoy the course and both participated, appreciated, and praised it.

Pat

Pat is plain, casually dressed and overweight. She 28 years old, an attorney by profession, and obviously bright, competent

and both committed to, and enjoying of, her work. She often alludes to her feminist activities and the support that she gets for them from her husband. She is also fairly confronting in her presentation, but a lot more gentle and less abrasive than Harry. Her concern for her own independence on all levels, in line with her feminist aspirations, is the aspect that produced the most problems for her during the pregnancy. She requested a private session at which she spoke about the difficulties of feeling dependent on Harry, and of being needy. She struggled very hard with those aspects, both from the perspective of not wanting to lose her fiercly held independence, and also not wanting to show neediness to Harry. At one level she was scared that he wouldn't be prepared to meet her needs and on the other, she felt that he was really there for her. She also spoke with great pains about her fear of becoming "just another mother" with all the triviality that pertains to it. This is reflected in her high anxiety rating during the second trimester of the pregnancy. It was only after motherhood was redefined for her as "probably the greatest and most difficult challenge in a woman's life" that she accepted it and started to make adaptations.

10.2.2 The marriage:

Harry and Pat's marriage felt more like a competition than a marriage. There were periods of challenge and confrontation,

negotiation and truce. They appeared an unlikely couple and both were more involved in their own private worlds than in intimacies. They both spent a great deal of energy staking out their areas and defending them. They appeared to have a lot of respect for each other, and their relationship had a long history as they had been students together.

Harry came from an emotionally deprived family with an alcoholic mother and an autocratic and distant father. He regarded his marriage to Pat as "inevitable", there seemed to be little in the way of romance in their relationship and he saw their future, in terms of their marriage, as a "comforting" time. Their sexual relationship appeared to be problematic in general. Harry stated, "Sex relations are...important, perhaps in my case too important," and "I wish... that either I had a lower sexual drive or that my wife had a higher sexual drive."

In terms of the configuration of their transitional spaces, the irregularity of the fractured boundaries of both of them would imply a need for merger and isolation beyond the normal contact-withdrawal, and predict an inability to sustain the relationship long-term. It was not possible to see the need for merger, but the need to avoid confluence was very much in evidence. On the basis of their Transitional Spaces, the prediction is that in terms of the size, their level of ego development is high and so they should be able to appreciate the finer points of the course, hold the aspects that are not applicable to them in the present, and generally go beyond the

immediate relevance of the presentations, so they could use them in the future. However, because of their unpredictability and inability in the sphere of contact, it is doubtful if the course could hold their relationship together.

Harry regarded the "feeling of having done something together" during the pregnancy and childbirth, as "overwhelmingly good."

Three months after the birth of their daughter, Pat went back to work part time, as their financial position demanded it. In the responses after the birth, Harry began to allude to his disillusionment with the marriage, "My wife and I have a sound relationship; I'm not sure that its as sound as it was a few years ago."

This withdrawal from the relationship is evidenced by the ego identity ratings of both of them. Whereas both Harry and Pat had started with identity achieving positions in terms of work and foreclosed statuses in terms of their marriages, they both maintained their statuses with respect to work (even though Pat's level of commitment did decrease). However with respect to their marriage, they both moved away from the foreclosed status, he firmly in moratorium, she towards moratorium.

Despite their ability to communicate, and although they both claimed that the course had been extremely useful to them, within two years after the birth of their daughter they were divorced. Harry had apparently been involved in an extramarital relationship from early on in the pregnancy. This

was not without a great deal of distress on his part, exemplified by the following statements,

"At times he worried about...his moral responsibilities to others.

My conscience bothers me if...I perceive others' opinions are that I'm acting immorally.

A man should always...be aware that society generally and men individually exploit women a great deal."

At this time Harry was still trying to conceal his other relationship. His attempts to hide the situation are evidenced in the discrepancies in the responses on aspects of the relationship since the birth of the baby. Harry reports that everything in their relationship is the same, other than their sexual relationship and their economic situation, which have both deteriorated. He reports that their support for each other has even become better. Pat, however, sees a very different picture, where the majority of things have deteriorated, especially their support for each other, and Harry's need for dependency. She reported that as a direct result of the course their ability to solve conflicts had become better, however this was not supported by Harry.

In distress they came for counseling, and he moved back and forth into the home a number of times and finally left permanently.

10.2.3 Table 7: ASPECTS OF THE TRANSITIONAL SPACE

A. Content: Identity Status

	Work				Marriage			
	Husband		Wife		Husband		Wife	
	Before	After	Before	After	Before	After	Before	After
Commitment	5	5	5	4	4	3	5	5
Crisis Facing	5	5	4	4	2	3	2	4

B. Capacity for Contact

	Husband	Wife
Permeability	3	3
Flexibility	3	3

C. Size: Ego Development

	Husband		Wife	
	Before	After	Before	After
Total protocol rating	I-4	I-4	I-4	I-4

D. Ego Identity Status

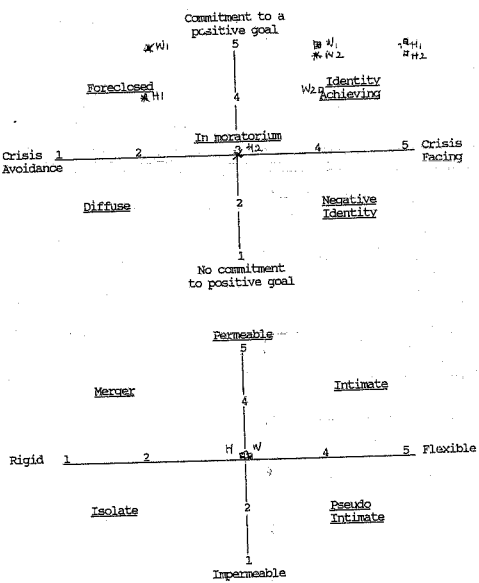


ILLUSTRATION OF TRANSITIONAL SPACE

THE MARRIAGE

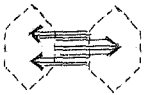


Fig. 17: Configuration of the Marriage - (Harry & Patl

10.2.4 RESULTS

Table 8 : Comparative Personal Ratings of Anxiety over Transition to Parenthood.

Trace your level of anxiety as you progressed through the pregnancy, birth and first few months of your baby's life. rate yourself out of 10 for each time period.

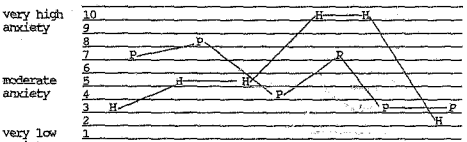


Table 9 : Comparative Ratings of Aspects of the Marriage since the Birth of the First Baby.

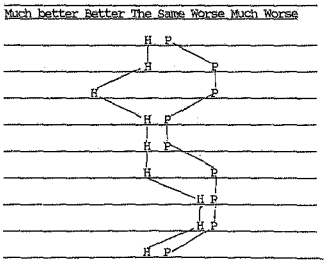


Table 10 : Life Satisfaction

Rate out of 10 your overall satisfaction with life:

	H	P
(a) Before marriage	8	7
(b) Before pregnancy	9	7
(c) During pregnancy	5	6
(d) Since the birth of your baby	9	7

GUIDE: 0 = 10 totally dissatisfied
5 = 10 moderately satisfied
10 = 10 totally satisfied

10.2.5 Discussion of Harry and Pat:

From the results, it would appear that everything remained more or less the same, other than their identity status with respect to marriage. Both Harry and Pat were in the foreclosed identity status with respect to their marriage, at the start of the intervention. Although both were rather unconventional in their approach to their lives, and thus would not qualify to fit into the foreclosed status, they were, in fact, foreclosed in the sense of a rigid adherence to the pro-feminist lifestyle. It was during the distress in the pregnancy that they both began to move. Harry moved into moratorium, which makes sense, with the knowledge that he was having an extra-marital relationship, and must have been questioning every aspect of his married life. Pat on the other hand, after having thought about, struggled with, and resolved the conflict about being "just another mother" could begin to take on the identity of wife and mother in a different sense. She thus moved into the Identity achieving status with respect to her marriage.

Pat's anxiety peaked when she was dealing with the conflict of motherhood and her dependency needs, after which she did not experience too much anxiety. She is fairly conservative in her scores on overall satisfaction with life, and her score for after the birth of the baby is the same as that before the marriage and before the pregnancy. Not a particularly encouraging picture.

Harry's anxiety peaked at the time of the birth and the first three months post partum, during which he reports very high anxiety, which dropped to low anxiety at 4-6 months after the birth. The rising anxiety score during the final trimester of pregnancy corresponded with Harry's large drop in overall satisfaction with life during the pregnancy.

Other discouraging aspects to their marital scene are the deterioration that Pat sees having occurred in their communication; their support for each other; Harry's dependency needs; their economic situation; and their sexual relationship. Although both report their marital stability to be the same, the cover-up is clear in the discrepancy between Harry's and Pat's reports. In a relationship where the boundary quality of the Transitional Spaces was good, the overall picture presented by this couple would not be viewed as particularly problematic. In fact, the discrepancy of ratings between Roy and Tessa was much larger. However, with the fractured boundaries that are characteristic of both Harry and Pat, their exaggerated need for the polarities of contact would not allow

them to maintain a successful long term relationship. The prediction, in terms of estimating the value of the course was accurate, in that even though they appreciated and used significant elements of the course, particularly when they faced problems, the basic issue of fractured boundaries to both of their Transitional Spaces precluded them from having a successful long-term relationship.

From this couple evidence is gained about the importance of the quality of the boundaries in the forging of a successful marriage and family. All other aspects of the Transitional Spaces do not make up for basic problems in relating. Harry and Pat had a lot in common; similar approaches to life; and similar stages of ego development. However, none of those aspects could save them the from trauma of Harry's need for another, perhaps this time, more fulfilling, relationship.

10.3 Alan and Sharon: A Difficult Marriage with a Poor Prognosis

This couple was chosen to illustrate how hard a person has to work who is married to an individual like Sharon. In this configuration of Transitional Spaces, Alan does already, and will continue to have to be selfless and very caring to a wife who, in reality, cannot be reached. So whereas one partner in the marriage may have quite healthy boundaries, the difficulties arise in the area of contact, or the failure of contact.

10.3.1 Profile

Alan

Alan is 28 years old, stocky, blond, blue eyed, handsome and very energetic. He is an Israeli, living in South Africa, who at the time of the pregnancy was having difficulties getting permission to stay on in this country and get a work permit. He was working as a building contractor, and had been married for about one year. He spoke often about his disappointment when, after he had been accepted to study medicine in France, and passed the first year, he fell desparately ill and had to leave medical school. He had been married very briefly before. There were no children.

Alan seemed to grasp everything that he was doing with both hands, and really put effort into it. He participated energetically in all aspects of the course, asked lots of questions, shared freely, his own world and showed continuous interest and concern in his very demanding and symptomatic wife. A few weeks before the birth of the baby he got permission to remain in South Africa, and that allayed the tremendous anxiety he was feeling.

Sharon

Sharon, a high school English teacher, is 24 years old. She has long straight strawberry blonde hair, is overweight, with heavy, coarse features, and always dresses in flowing Kaftans.

She speaks with a soft whining voice and continuously refers things back to herself and her problems. She has a low level of energy compared to Alan, and appears a lot less excited and involved in the relationship than he. She is very passive and is interested in many things especially the Eastern religions, but is overinclusive in style, and has difficulty in committing herself to anything.

Sharon showed a fairly large amount of distress after the birth of the baby. Her overall satisfaction with life dropped from a high of 7/10 before the marriage to a low of 4/10 since the birth of the baby.

Her main distress appears to be in getting her own needs met. She wrote,

> I am not free as such and cannot come and go as I please, my time is not my own anymore, and
>
> I would like to be able to pursue my hobbies and studies, yet I know I cannot but I constantly have to suppress myself.

In her family of origin, Sharon was a parentified child. She spoke about this often during the course, and how difficult it had been for her. After the birth of the baby, in response to the question, Has your relationship with your own mother changes since the pregnancy and birth?, she wrote,

> Yes, we were very close, until I got married and then she abandoned me. I am resentful of her not being prepared to help me.

and in response to "would you like to parent your child in the same way that you were parented by your mother?,

> No, she lived her life through my "teenage years" through me and when I married she didn't need me anymore.

Even though she reported that she experienced her pregnancy as "mainly good", both her husband, the group, and the author experienced her as always having a severe crisis on hand, whether hers, friend or family's, physical or emotional.

Despite all the difficulties, however, she managed to put aside her distress, to be a "good" mother; acknowledged by her husband,

"My wife is...a good mother"

as well as evidenced in her description of her baby,

> She is extremely active and quite a character, which though exhausting, pleases me. With her I am protective, caring, fun, and she is beautiful, and worth not sleeping. I love her!

10.3.2 The Marriage

Alan, with a good capacity for intimacy in terms of good boundary qualities and an identity achievement status, is trying to achieve intimacy with a woman who is relatively incapable of going beyond her egocentric world. She resists all attempts that he makes for closeness. This was evident right at the start of the course, in the notes made, where the comment was, "He is trying for merger, she doesn't want it." What was

interpreted as "trying for merger" was his escalating attempts to reach intimacy, which were evident in the sessions - another note, "he obviously loves his wife very much!"

However, with her incapacity for intimacy, both in terms of her diffuse identity statuses, and her boundaries being relatively impermeable, she is unable to respond to his attempts. She views his attempts as intrusive, also evidenced by her complaints that he interferes with her reading time, and content. It is evident that this marriage does not have a good prognosis, unless he keeps compromising at every level. It appears that he does that a lot, even though it took him some time and a lot of trauma to reach the understanding of how to maintain their relationship. Sharon does recognize his attempts, but sees them completely within the bounds of the way he "should" behave. For example, after complaining about the difficulties in pregnancy because of their fighting, she comments,

> but he settled down and his support during my labour was invaluable."

In response to the division of labour she sees herself as doing 90% of the work, and he 10% with respect to the baby. Generally she sees him as doing 50% of the work. She says that she would like him to do more for the baby, but when the baby is sick or tired she only wants her mother. She does acknowledge, however, that "He does help more than most men."

Alan, on the other hand sees himself as doing 30% of work for the baby, and 60% of the work generally. There is a clear inequality in their perspectives.

Although Alan sees that life is more difficult, he also describes it as having "more meaning and interest. This trend is shown in his rating of his overall satisfaction with life. It was at a high of 8/10 before the marriage and maintained that position before the pregnancy. It fell during the pregnancy to a low of 5/10, but was raised again since the birth of the baby to 7/10. For Sharon, however, her satisfaction with life kept dropping, even after the baby was born to a low of 4/10. This is confirming of the boundary problem. Even though she enjoys and loves her baby, that does not increase her satisfaction in life. She concentrates on her inability at this time to get her own needs met, such as sleep, time, etc.

As is evident, from the table on which the couples rated their own level of anxiety as they progressed through the pregnancy birth and first few months of the baby's life, their anxiety levels were very different, as they were dealing with different problems in their lives. Alan's anxiety was very high during the first six months of the pregnancy, and dropped to very low since the birth. Sharon's levels of anxiety ran a completely different course, with the highest levels being during the second trimester, when they were dealing with the problems of whether Alan was going to be allowed to remain in this country. Her anxiety level was very high again 4-6 months after the birth, where his was very low.

What stands out so clearly in their perception of aspects of their marriage after the birth, is that Sharon sees almost every aspect of their marriage to be much worse, except Alan's need for dependency and the stability of their marriage.

Sharon did come and see the author about two years after the birth of the baby. She had just fallen pregnant with a second baby and was very upset about it because she was seriously thinking of ending her marriage. She described Alan to be a wonderful, caring, helpful and loving husband, but falling very short in meeting her spiritual needs, which had reached even further into the Eastern perspectives. She said that even though he had made the efforts to be involved, it was somehow beyond him and his capacity for vision. She had also renewed contact with an old friend who seemed to be exactly where she was with respect to her spiritual life, and even though this friend had returned overseas, she felt they had a special contact. In the session we discussed whether it is possible for one person to meet all the needs of another. She did not call me again until Alan made contact to invite me to the circumcision after the baby was born. As far as is known, they are still together to date.

The letter to the baby illustrated quite graphically, the childish levels that these two people are reduced to in their relationship with each other. The letter is very concrete.

"We are both waiting for all the romping and loving on the bedroom carpet.....Dadi has volunteered to be the horse when you will feel like riding" etc.

The letter was divided between Alan and Sharon, each taking turns to write something. In the forefront for Sharon were the activities where acquisition was the major emphasis, like shopping together.

It was also very evident that Alan was expecting and wanted a son,

"please don't forget we must be good friends and stay still against any feminine threat to our private world!"

It appeared, in general, and from the interpretation of Alan's TAT picture, that Sharon was for him, a mother figure. Physically she was overweight and quite matronly, always dressed in long caftans, as opposed to his blond slim and quite dapper appearance. His own relationship with his mother seems to be quite an interesting one in that he describes it as "a special complex of relationships". He stated that he feels very close to his mother, and when asked if he would like to parent his own child the way he had been parented by his mother, he responded, "even better", which of itself is an affirmation of his perception of the quality of his own mothering. He did comment that there were some differences in viewpoint between him and his mother, however, he excuses that in terms of their

differences in age. He portrays a very tender picture of his relationship with his mother, and yet still sees it as complex. There is some evidence that the complexity with his relationship might have had something to do with her anger....an emotion that he saw the TAT picture to have. Interestingly that is an emotion that Sharon describes herself as showing, perhaps another aspect to the mother image. Anger, is something that he might have introjected from his mother as well, as he describes it as his own response as well. A lot of fuel for a fiery relationship.

10.3.3. Table 11: ASPECTS OF THE TRANSITIONAL SPACE

A. Content: Identity-Status

	Work				Marriage			
	Husband		Wife		Husband		Wife	
	Before	After	Before	After	Before	After	Before	After
Commitment	4.5	4.5	1.5	1.5	4	3	2	1
Crisis facing	4.5	4.5	1	1	4.5	3.5	1	1

B. Capacity for Contact

	Husband	Wife
Permeability	4	2
Flexibility	3.5	3.5

C. Size: Ego Development

	Husband		Wife	
	Before	After	Before	After
Total protocol rating	I-4	I-3/4	I-4/5	I-3

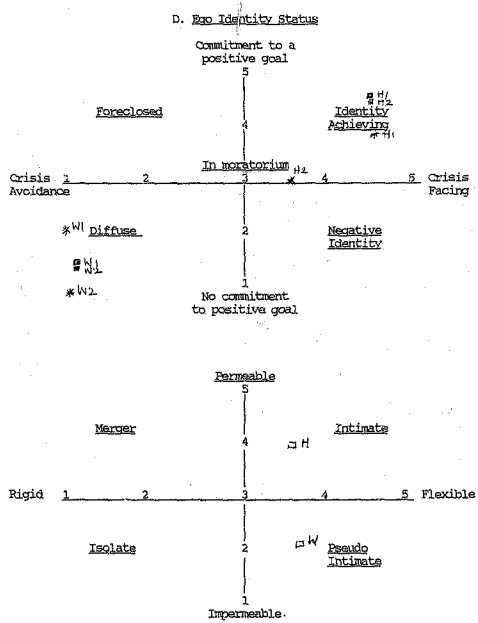

D. Ego Identity Status
Commitment to a positive goal
5
Foreclosed
H1/H2
Identity Achieving
H1
4
In moratorium
H2
Crisis Avoidance
1
2
3
4
5
Crisis Facing
W1
Diffuse
2
Negative Identity
W1
W2
1
No commitment to positive goal
Permeable
5
Merger
Intimate
4
H
Rigid
1
2
3
4
5
Flexible
Isolate
2
W
Pseudo Intimate
1
Impermeable.

ILLUSTRATION OF TRANSITIONAL SPACE

THE MARRIAGE

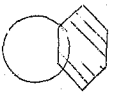


Fig. 18 : Configuration of the Marriage - (Alan & Sharon)

10.3.4 RESULTS

Table 12 : Comparative Personal Ratings of Anxiety Over Transition to Parenthood.

Trace your level of anxiety as you progressed through the pregnancy, birth and first few months of your baby's life. rate yourself out of 10 for each time period.

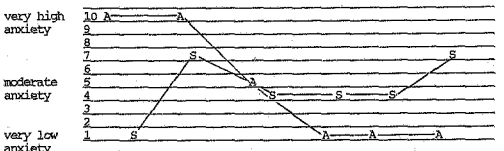


Table 13: Comparative Ratings of Aspects of the Marriage Since the Birth of the First Baby.

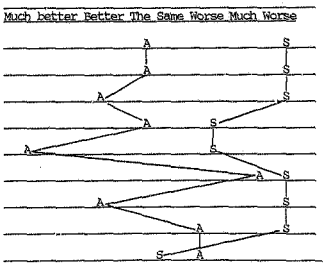


Table 14 : Life Satisfaction
Rate out of 10 your overall satisfaction with life:

	A	S
(a) Before marriage	8	7
(b) Before pregnancy	8	6
(c) During pregnancy	5	6
(d) Since the birth of your baby	7	4

GUIDE: 0
10 = totally dissatisfied
5
10 = moderately satisfied
10
10 = totally satisfied

10.3.5 Discussion of Alan and Sharon:

As was predicted, this relationship deteriorated with the transition to parenthood. Sharon very unhappy with her role as mother, even though she went back to work part time soon after the birth of the baby, and unhappy in her relationship with Alan. In fact as shown in the graph on Identity, diffuse in both roles of work and marriage, with marriage deteriorating. While her lack of commitment decreased even further, Alan's relatively achieved marital identity, moved into moratorium. Marris (1974) suggested that in times of change people need a moratorium - that is the time and space to take stock of a changed situation, to anticipate and monitor personal responses to change, and to explore new ways of meeting the challenge. If his partner had the capacity for intimacy, he would find a romantic solution (Becker, 1973), and move back into identity achievement. However, because Sharon has the kind

of boundaries that she has, somewhat flexible but relatively impermeable, his dependency needs (Janis, 1958) will not be met and he will either have to deny them, or have them met elsewhere.

What is evident from the tables is that Sharon felt more anxious than Alan after the birth, and that she perceived almost every aspect of their marriage to have deteriorated. In terms of her diffuse Identity status in both work and marriage, this is not surprising, as she is not capable of commitment to either a career or her marriage. So for her the problems are more than boundary problems alone!

The configuration of their Transitional Spaces and the way they overlap or fail to overlap together with Sharon's diffuse identity status, are the most significant predictors of the poor prognosis for their marriage. This was already clear to Alan before the birth of their second child, and he was working very hard to keep their marriage together.

10.4 Martin and Anne: A healthy couple with a good relationship - facing the issues

This couple represents very close to the ideal way of both approaching and handling the transition to parenthood. They have had a good and enjoyable relationship, approach the changes involved in the transition to parenthood with some trepidation, do the "work of worry" (Janis 1958) and seek out an intervention

that would give them an "inoculation" for the stress. They are an example of a couple who really did use the material and experiences gained in the course.

10.4.1 Profile:

Martin

Martin is 29 years old, an advertising sales manager, and has been married for five years. He is of medium build and very neat in appearance. He was always conservatively dressed, although with an earring in one of his ears. He works in advertising. He showed a great deal of interest and concern for Anne during the course and the problems that she was having in coming to terms with her pregnant body. He participated actively in the course, and responded in a very intelligent way to the subject matter and the exercises. He made significant comments and asked good questions, and obviously used the material presented. It was rather a pleasure to have him. He obviously had many concerns about the process of pregnancy and becoming a parent and there was a question as to whether he was turning his needs into adult sounding questions, and perhaps not dealing with the needs themselves. However, that was probably the most appropriate way that he could deal with his needs in that context. This was confirmed in his comment after the birth where he said,

"As a father I felt relatively isolated from what was happening and apprehensive, the course made me feel that someone

cared about helping *me* cope, whereas in most instances support is directed only at the mother and the father-to-be *is*, I feel, neglected in terms of emotional support."

Throughout, he is quite critical of himself in terms of his lack of motivation for achievement, and hard work.

Towards the end of the course, Martin admitted that he did not take to the idea of the pregnancy and all that went with it easily in the beginning, but that he had gotten used to it, and it was fine. He also said that he understood that their social life would change dramatically, and he had some worry about that, but that there was enough positive energy to deal with it.

Anne:

Anne is 27 years old, and a layout artist. In contrast to Martin's conservative dress, Anne was always rather way out in her dress, and usually looked like a "punk". She was quite startlingly dressed, and the pleasant, intelligent lady underneath came as rather a surprise. At the start of the course, Anne was really struggling with the pregnancy and the implications of it for her work, her independence and most particularly her extremely skinny body. Anne's TAT story reflecting these concerns is in Appendix F. However during the course of the intervention, after talking at some length about it, she adjusted, both to her growing body, (and she saw herself as lucky, as she was carrying small) and to the prospect of

leaving her work as a layout artist for a newspaper, started to feel good, deal with her further anxieties around baby-care, and look forward to the end of the pregnancy and birth of the baby

10.4.2 The Marriage:

As two particularly healthy individuals, committed to each other, their marriage is rather a good one. Although in the beginning the lack of communication between them was noted, that probably had more to do with their own anxieties as to where the pregnancy was taking each of them personally than a lack of closeness in the marriage. This was a couple for whom a course dealing with the transition to parenthood was ideal, as in terms of their personal characteristics, with respect to their Transitional Spaces, they could easily use the course to deal with the problem areas that they were experiencing and use the material from the course to enhance their closeness and deal with problems as they arose.

Sex was a problem for them during the pregnancy, however, noting that others has similar problems and that it was something fairly normal at this time, took the "problem" out of it.

This is in fact what happened. They used the personal material generated in the course, in their lives at home, and by the time the baby was born they were very well prepared. What was interesting is that Anne progressed in Ego development after the birth of the baby. It would appear that their marriage and

home environment was so secure by the time the baby arrived, that she had already dealt with the transition phenomena and the experience of the new baby, within the context of their marriage, allowed for her ego development.

10.4.3 Table 15: ASPECTS OF THE TRANSITIONAL SPACE

A. Content: Identity Status

	Work				Marriage			
	Husband		Wife		Husband		Wife	
	Before	After	Before	After	Before	After	Before	After
Commitment	3	3	3.5	3.5	5	5	5	5
Crisis Facing	5	5	5	5	5	5	5	5

B. Capacity for Contact

	Husband	Wife
Permeability	5	5
Flexibility	5	5

C. Size: Ego Development

	Husband		Wife	
	Before	After	Before	After
Total protocol rating	I-5	I-4/5	I-3/4	I-4/5

D. EGO IDENTITY STATUS

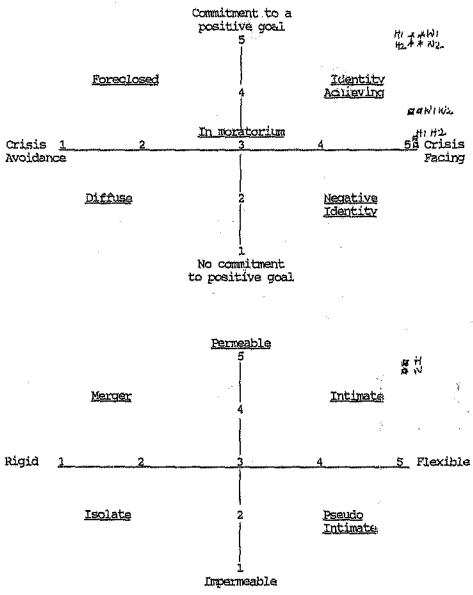


ILLUSTRATION OF TRANSITIONAL SPACE

THE MARRIAGE

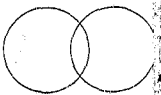


Fig. 19: Confirmation of the Marriage - (Martin & Anne)

10.4.4 RESULTS

Table 16: Comparative Personal Ratings of Anxiety over Transition to Parenthood.

Trace your level of anxiety as you progressed through the pregnancy, birth and first few months of your baby's life. rate yourself out of 10 for each time period.

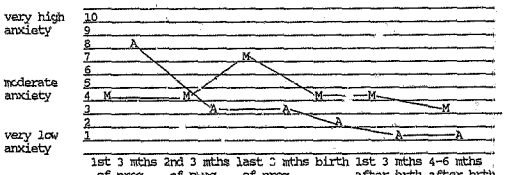


Table 17: Comparative Ratings of Aspects of the Marriage Since the Birth of the First Baby

Since the baby:	Much better	Better	The Same	Worse	Much Worse
1) Our ability to solve conflicts has become					
2) Our communication has become					
3) Our support for each other has become					
4) Our ability to handle stress has become					
5) My need for dependency has become					
6) My partner's need for dependency has become					
7) Our economic situation has become					
8) Our sexual relationship has become					
9) The stability in our marriage has become					

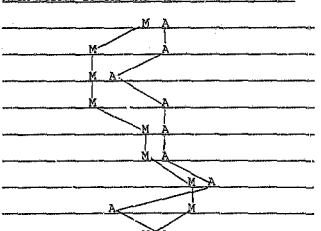


Table 18: Life Satisfaction
Rate out of 10 your overall satisfaction with life:

	M	A
(a) Before marriage	8	10
(b) Before pregnancy	8	10
(c) During pregnancy	4	5
(d) Since the birth of your baby	8	7

GUIDE: 0
10 = totally dissatisfied
5
10 = moderately satisfied
10
10 = totally satisfied

10.4.5 *Discussion of Martin and Anne:*

There is a great deal of agreement between this couple on the changes in aspects of their marriage. In fact in 6 out of the 9 aspects they do agree. Although Anne sees most aspects to have remained the same, Martin sees improvements in their communication and their ability to handle stress, while they both see an improvement in their support for each other. However, whereas Anne says their sexual relationship has improved, Martin reports that it is worse. The sexual relationship is an area that has often found to deteriorate during this period (Ewy, 1985), and was something that had been a problem for them during the pregnancy, and for them was not adequately dealt with in the course. Martin mentioned that he would have liked more material on sex during the course. One wonders if Anne's report on an improvement in the sexual relationship is not wishful thinking.

The self report on anxiety is also interesting, as from the time that Anne had dealt with her problems in terms of body

image and work, her anxiety level dropped and continued to decrease. Different from most other couples, their anxiety level was not high at the time of the birth, although Martin did report experiencing high anxiety in the last trimester of the pregnancy. This may be explained in terms of the derived model for the understanding of change. In terms of the model, their lack of anxiety may be a result of them meeting each other's needs for affiliation. It would appear that they were coping well, using the skills learned in the course, particularly the communication skills together with the understanding for the need for and value of communication. This was predictable in terms of their Transitional Spaces. They do not, however, appear to have "fallen in love again" in terms of the Romantic cycle. Perhaps some people need to feel they are coping well with the situation at hand before they can free themselves enough to enter into a cycle of love.

Martin's score on the Loevinger scale a high score, (I-5) dropped slightly from pre to post, whereas Anne's increased markedly from I-3/4 to I-4/5.

10.5 Mr and Mrs C: A marriage in trouble: Indication for therapeutic intervention.

This couple was part of the control group and so were not ever seen face to face. They were recruited by the ante natal educator, and the questionnaires and responses posted. As such the profile drawn can only be drawn from their responses on the

projective material. Despite the drawback in not having met them, a vivid picture comes out of their responses to the material.

Mr and Mrs C were selected because of the very obvious pathology in their relationship. Mrs C's distress is clearly conveyed in the projective material, and mostly denied in the self-reports. What is so evident from the material are the aspects of the Transitional Spaces, and how, in terms of that configuration, the interactions can only be problematic.

10.5.1 Profile

Mr C

Mr C is 36 years old and therefore fairly old compared with many of the other couples around the transition to parenthood. He is a marketing representative, and has been married for nine years. He has a clear and well defined self image. His self esteem is high although he is also critical of himself. He is extremely critical of others. He is rather matter of fact in his attitude to other people, and totally lacking in any element of compassion. His capacity for contact is extremely limited, and he actually falls within the isolate status. It is surprising that he is married and the prognosis for a successful marriage is very poor. He is autocratic and dogmatic in his opinions, and is totally self involved, to the exclusion of anybody else. He got married because it was the right thing to do at the time, and there is never any allusion to or illusion of love. He

excludes his wife, and even after the birth of the baby, although delighted with the baby, does not change his life at all to accommodate her, and takes great pains to mention his continued visits to the pub.

Mrs C

Mrs C is 35 years old, and a housewife. She was clearly depressed during her pregnancy. She attributed her depression to having immigrated to South Africa from England, and was feeling lonely and homesick. However she also mentioned feeling angry, and was clearly anxious about her husband. She has a pathologically low self image, and appears to be terrorised by the behaviour that he hands out. It seems that she hasn't been nurtured at all and that she expects to be treated in the way he treats her. She berates herself for not being more demonstrative, and hopes that she can be demonstrative with her baby. This baby is very important to her, and may give her something from which to get and give affection, as her husband is certainly not available. Her capacity for contact is also not particularly good. She seeks merger and is also not available. Not exactly the ideal mother for a child. This is a lady who is severely in need of therapy, as is her husband. There is an attempt by her to deny the desolation, as when she rates her satisfaction with life she rates it high, and despite that she sees everything in their marriage having deteriorated other than their ability to handle stress, and their economic situation.

excludes his wife, and even after the birth of the baby, although delighted with the baby, does not change his life at all to accommodate her, and takes great pains to mention his continued visits to the pub.

Mrs C

Mrs C is 35 years old, and a housewife. She was clearly depressed during her pregnancy. She attributed her depression to having immigrated to South Africa from England, and was feeling lonely and homesick. However she also mentioned feeling angry, and was clearly anxious about her husband. She has a pathologically low self image, and appears to be terrorised by the behaviour that he hands out. It seems that she hasn't been nurtured at all and that she expects to be treated in the way he treats her. She berates herself for not being more demonstrative, and hopes that she can be demonstrative with her baby. This baby is very important to her, and may give her something from which to get and give affection, as her husband is certainly not available. Her capacity for contact is also not particularly good. She seeks merger and is also not available. Not exactly the ideal mother for a child. This is a lady who is severely in need of therapy, as is her husband. There is an attempt by her to deny the desolation, as when she rates her satisfaction with life she rates it high, and despite that she sees everything in their marriage having deteriorated other than their ability to handle stress, and their economic situation.

10:5.2 The Marriage:

Their marriage is an extremely poor one with a very poor prognosis for success. In terms of the Transitional Spaces of both of them and the configuration of their relationship, it becomes clear that this marriage cannot succeed. He is totally involved with himself, with very rigid boundaries to the Transitional Space and no place to have compassion or let anyone in. She, on the other hand has elements of the rigidity and withdrawal, while also having a need for merger. It is at the points where she has a need for contact, developing into a need for merger, that she allows herself to become vulnerable to him, at which point he unfailingly manages to hurt her.

Even though they, or possibly only she, attended antenatal classes, it is doubtful whether they would have attended the course on Preparation for Parenthood, as he probably would not have come along. Had they attended a course, this would have been a couple that would have stood out as pathological. It is in circumstances like these that an intervention may be really useful. However, without any change in them, and particularly in him, no intervention would be of value as he is not available to receive it. So the prediction would be that despite the intervention, if this couple did not actually go into therapy, there is little hope of a successful or fulfilling relationship.

Mr C reported that after the baby was born, most things stayed the same, except that their economic situation improved,

while their communication and his wife's need for dependency deteriorated, and their sexual relationship was much worse.

10.5.3 Table 19: ASPECTS OF THE TRANSITIONAL SPACE

A. Content: Identity Status

	Work				Marriage			
	Husband		Wife		Husband		Wife	
	Before	After	Before	After	Before	After	Before	After
Commitment	4	4	4	3	3	5	5	4
Crisis Facing	4	4	5	5	4	3	5	3

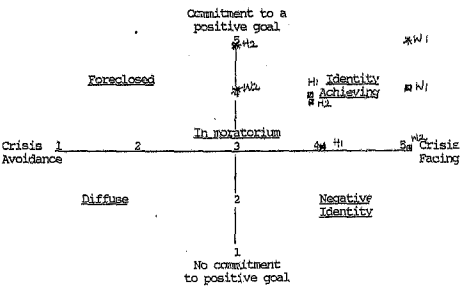
B. Cor. r Contact

	Husband	Wife
Permeability	1	3.5
Flexibility	2	3

C. Size: Ego Development

	Husband		Wife	
	Before	After	Before	After
Total protocol rating	I-5	I-3	I-5	I-4/5

D. Ego Identity Status



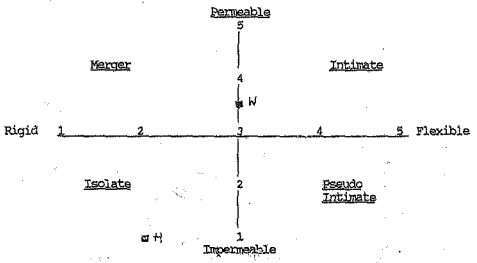
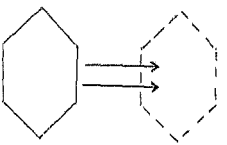


ILLUSTRATION OF TRANSITIONAL SPACE

THE MARRIAGE

Fig. 20 : Configuration of the Marriage - (Mr & Mrs C)



10.5.4 RESULTS

Table 20: Comparative Personal Ratings of Anxiety Over Transition to Parenthood.

Trace your level of anxiety as you progressed through the pregnancy, birth and first few months of your baby's life. Rate yourself out of 10 for each time period.

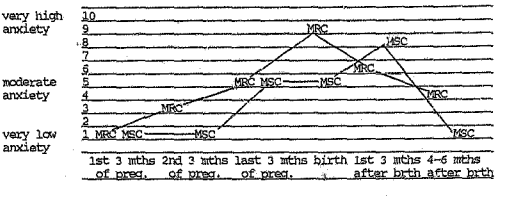


Table 21: Comparative Ratings of Aspects of the Marriage since the Birth of the First Baby

Since the baby:	Much better	Better	The Same	Worse	Much Worse
1) Our ability to solve conflicts has become		MRC		MSC	
2) Our communication has become			MRC MSC		
3) Our support for each other has become		MRC		MSC	
4) Our ability to handle stress has become			MRC MSC		
5) My need for dependency has become		MRC		MSC	
6) My partner's need for dependency has become			MRC MSC		
7) Our economic situation has become		MRC MSC			
8) Our sexual relationship has become				MSC MRC	
9) The stability in our marriage has become		MRC			

Table 22 : Life Satisfaction
Rate out of 10 your overall satisfaction with life:

	MRC	MSC
(a) Before marriage	6	8
(b) Before pregnancy	6	6
(c) During pregnancy	5	9
(d) Since the birth of your baby	7	8

GUIDE: 0 = 10 = totally dissatisfied; 5 = 10 = moderately satisfied; 10 = 10 = totally satisfied

10.5.5 Discussion of Mr and Mrs C

This couple both have boundaries that are particularly problematic with respect to intimate relationships. His impermeable and rigid boundaries, leave him in the position of "isolate". As mentioned in the results. it is surprising that he is married at all, and perhaps it is only someone with the kind of fractured boundaries that Mrs C has, who would be able to have had a long term relationship with him. So that even though aspects of his withdrawal are difficult and painful for her to deal with, her own emotional distance, which she mentions makes some of his isolation, acceptable to her.

The situation in their marriage deteriorated quite drastically after the birth of the baby, and both Mr and Mrs C moved from an identity achieving status in their marriage, towards moratorium.

There is nothing that has improved about their marriage, and there is total agreement between them about that. Mr C sees most aspects of their marriage to be the same or worse,

especially sex, which they both agree is much worse. However, Mrs C sees many more aspects as having deteriorated than he does. Despite this there is a fall off in anxiety that was relatively high for Mr C at the time of the birth, and for Mrs C during the first three months after the birth of the baby.

What is curious is that they both rate their satisfaction with life as relatively high. Mr C was most satisfied during the course of the pregnancy (9/10). He also commented that he had appreciated his wife's getting on with the pregnancy without involving him. Perhaps, in terms of what is known about the quality of the boundaries of his Transitional Space, it was the withdrawal of his wife that contributed to his satisfaction at that time.

Perhaps, for Mrs C, having a baby, and the fantasy that she expressed around the baby being there for her, is what allows her to rate herself as relatively satisfied with life (7/10); or perhaps for both of them, life is not expected to hold any more.

Perhaps their high Loevinger ratings would allow them to accept such difficulties with equanimity.

10.6 Mr and Mrs S: A healthy marriage and a good prognosis

Mr and Mrs S were also members of the control group and so were never met in person. This couple were selected from the

control group to illustrate that a really healthy couple is evident from projective material without necessarily a face to face meeting. A particularly good prognosis for this marriage and family.

10.6.1 Profile

Mr S

Mr S is 34 years old, a managing director, and has been married for six and a half years. He has extremely good capacity for intimacy, great concern and love for his wife, and an extremely optimistic attitude to life. He is very committed to his marriage and obviously gets a great deal of satisfaction from it. His advice about pregnancy and labour:

> During your wife's pregnancy, lead enthusiasm, be positive, give mountains of love, care, tenderness and warmth, make a fuss of your wife, buy flowers, spoil her. It really is worth it!

He clearly comes from a very warm and caring family and he states that his ability to give to his own is from having been given to himself. One aspect of his background seems to worry him; the high standards expected of him by his parents. He believes in happiness more than success and is determined that his child will not have to live up to his priorities. He is one of the few husbands who share the workload generally, and with the baby right down the middle. More generally, he has a high

level of ego development, is identity achieving and close to the ideal as husband partner and father.

Mrs S

Mrs S is 35 years old, and a physiotherapist by profession. She spent 10 years travelling around the world before settling down. She constantly refers to how good this was for her as she enjoyed it so much and "got all the travelling out of my system".

She too comes from a very warm caring home. She says, "I would like to instill in my child the kind of values which my parents instilled in me and create the kind of secure base which I have always felt existed for me in my parent's home." Mrs S has an extremely good capacity for contact, and is strongly committed to her marriage and happy in it.

She experienced the shift to becoming a parent as relatively easy, and commented that being aware of what to expect, and considering it very carefully prepared her for the changes.

10.6.2 The Marriage

Very little needs be said about their marriage other than that it is a warm, caring, committed and informed relationship between two mature and loving partners. On the basis of their Transitional Spaces the prediction would have been that they

would have used the intervention well, although they apparently did not need it.

10.6.3 Table 23: ASPECTS OF THE TRANSITIONAL SPACE

A. Content: Identity Status

	Work				Marriage			
	Husband		Wife		Husband		Wife	
	Before	After	Before	After	Before	After	Before	After
Commitment	4	4	4	3	5	5	5	5
Crisis Facing	5	5	5	5	5	5	5	5

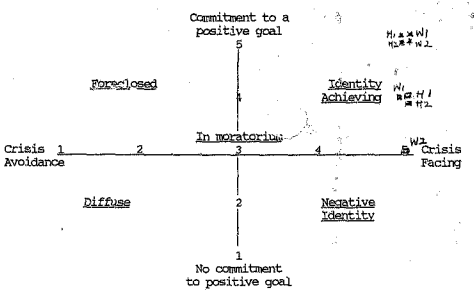
B. Capacity for Contact

	Husband	Wife
Permeability	5	5
Flexibility	4	5

C. Size: Ego Development

	Husband		Wife	
	Before	After	Before	After
Total protocol rating	I-4/5	I-4	I-4	I-4

D. Ego Identity Status



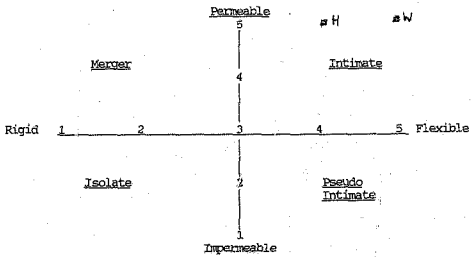


ILLUSTRATION OF TRANSITIONAL SPACE

THE MARRIAGE



Fig. 21 : Configuration of the Marriage - (Mr & Mrs S)

10.6.4 *RESULTS*

TABLE 24: Comparative Personal Ratings of Anxiety over Transition to Parenthood.

Trace your level of anxiety as you progressed through the pregnancy, birth and first few months of your baby's life. rate yourself out of 10 for each time period.

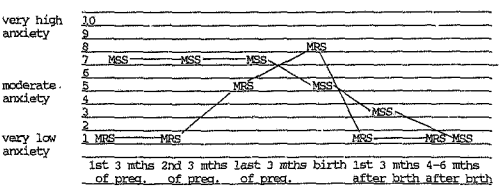


Table 25: Comparative Ratings of Aspects of the Marriage since the Birth of the First Baby

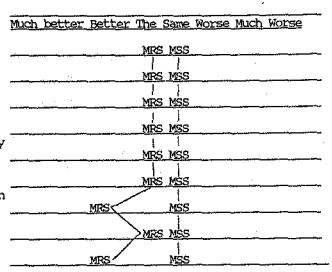


Table 26 : Life Satisfaction

Rate out of 10 your overall satisfaction with life:

	MRS	MSS
(a) Before marriage	6	8
(b) Before pregnancy	8	9
(c) During pregnancy	9	10
(d) Since the birth of your baby	10	

GUIDE: 0
10 = totally dissatisfied
5
10 = moderately satisfied
10
10 = totally satisfied

10.6.5 Discussion of Mr and Mrs S

Without any intervention this couple negotiated the transition to parenthood without any trouble at all, in fact it may be said, with great satisfaction. Both of their scores for overall satisfaction with life was at its maximum (10/10) after the birth of the baby. What is interesting is the difference from

the satisfaction with life that Mr S rated himself on before marriage (6/10). It appears that the marriage and the birth of their baby has been remarkably gratifying for this couple. This is not unexpected, based on the ratings of the aspects of their Transitional Spaces, where they are close to ideal. They have also been lucky, differently from Roy and Tessa, where circumstances have not made things difficult for them. Nevertheless the transition has been extremely smooth for them, with general agreement that most aspects of their marriage have stayed the same.

Their anxiety scores are interesting, in that Mrs S started off her pregnancy with high anxiety which continued almost throughout the pregnancy. It dropped at about the time of the birth and continued to fall, until at 4-6 months post partum, she registered very low anxiety. Mr S's pattern was much more the normal male curve, rising to a height at the time of the birth and then dropping steeply postpartum.

10.7 Comments on Ratings and Scores of Transitional Space:

The scores on the aspects of the Transitional Space in the present study are merely a suggestion as to how the model proposed in this study could be operationalized. Once these scores are operationalized in numerical terms, they can be validated against other measures, such as standardized tests

(e.g. Crisis-facing on the marriage rating could be compared to crisis-facing in the quantitative results from the Relationship Change Scale. It is far beyond the scope of this research to attempt a validation study along these lines. Firstly it would be necessary to establish inter-rater reliability of the Transitional Space scores on a large and representative sample. In order to achieve inter-rater reliability, a very clear guide to scoring and criteria of scoring would need to be constructed, such as that derived by Loevinger et al (1970). Only thereafter could norms be established, so that individuals such as the six couples could be compared against the norms in the manner done on the standardized scales.

10.8 General Comments

There does not appear to be any pattern that covaries with the drop in Loevinger scores. What may be said is that out of 12 people, Loevinger scores dropped in 8; stayed the same in 3; and was raised in 1.

Loevinger et al (1970) do not deal with the issue of regression. However the concept of an *invariable sequence* implies that regression does *not* occur, particularly using as they do, the *milestone concept* of sequences. The question to be answered from the findings in this study is, under what circumstances do the scores in ego development fluctuate and what does it mean? A tentative suggestion to explain the drop

would be the experience of any situation that would break through normal defenses and produce a regression to earlier modes of behaviour, thinking and feeling.

What is apparent is that ego development, or size of the Transitional Space, is not an aspect that is predictive of either adjustment or marital satisfaction. This is in line with Loevinger's description of ego development.

The lack of any relationship between size of Transitional Space or progress in ego development, and marital adjustment or satisfaction, does not preclude the usefulness of the concept of progress in ego development as an aspect of understanding adult development.

In general, the concept of the Transitional Space has been extremely useful in conceptualizing and understanding adult functioning and the dynamics of the relationship between couples. The concept of the boundaries of the Transitional Space has been particularly valuable in explaining the ease and difficulties between the couples within the relationship. It was especially enlightening in the relationship between Harry and Pat, and Mr and Mrs C, where from the understanding of the boundaries of the Transitional Spaces of the individuals and in relationship to each other, it was clear that the prognosis for the future for those relationships was very poor. Conversely, despite the marital problems with which Roy and Tessa embarked on the course, the quality of the boundaries of their

Transitional Spaces enabled one to predict success, both for the usefulness of the course and for their marriage generally.

The aspect of the content of the Transitional Space was also useful in understanding the problems faced by some of the people. Sharon, whose identity was diffuse, both in terms of the marriage and work, had great difficulty committing herself, either to her husband or to her work. As commitment has been described by Erikson (1978) as one of the cornerstones of identity, the implication of a diffuse identity with an inability to make commitments is that until she progresses to that stage of development where that is possible, marriage that is satisfying for either one of the partners is not probable. On the other hand, with a foreclosed identity, such as that of Harry or Pat, even though commitment is possible, there is a rigidity about the commitment in the terms of the foreclosure. Thus when their lives began to change, and Pat became pregnant, and didn't fit into the mould of the feminist, Harry began to question his whole commitment to Pat. Thus, again the content of the Transitional Spaces, this time in combination with the boundary quality, was predictive of the problems within this relationship. As is evident, the model of the Transitional Space has been successfully used within this small sample to both understand aspects of adult functioning and the dynamics of relationships, as well as predict how these individuals and relationships would deal with a developmental changepoint such as the transition to parenthood. As previously, this

part of the study was an attempt to operationalize the model that was conceptualized and developed in the earlier part of this work, and propose a methodology for testing it. It is beyond the scope of this study to go beyond the operationalization. This would be a useful area for further research.

CHAPTER 11

RESULTS

The Results will be divided into three sections. In the first section, the results of the findings on whether the transition to parenthood is a change will be presented, from research into the views of three groups of parents.

This is followed by the results of the four groups of intervention and non-intervention husbands and wives, on their experiences with regard to the transition to parenthood, and of the intervention group on their responses to the intervention.

11.1 Section 1

Change:

This section contains analysis of data collected to test whether the birth of the first child constitutes a changepoint in the life of parents. Three groups were examined, namely groups of parents whose first baby was 6 weeks old (6W), 6 months old (6M) and 8 years old (8M).

Two variable were analysed. The first variable was obtained by "folding" each item of the Relationship Change Scale around the point of the scale, and then obtaining a total score on the "folded items. Thus, if there were absolutely no change, a total score ner zero would be obtained.

The total score on the relationship change scale was also analysed to obtain information on the direction of change. Since there were 26 items in the scale, and the items were scored 1 to 5, a score of 78 constitutes the point of no net change.

Tables 27 and 28 contain the means and standard deviations of the folded Relationship Change Scores and the non-modified relationship Change Scores respectively.

Table 27: Means and Standard Deviations of the Folded Relationship Change Scores

	SW		SM		SY	
	H	W	H	W	H	W
Mean	16,76	18,11	14,24	13,77	18,06	20,33
S.D.	6,79	9,39	8,51	9,50	5,63	8,70
N	17	17	28	28	18	18

Table 28: Means and Standard Deviations of the Relationship Change Scale

	SW		SM		SY	
	H	W	H	W	H	W
Mean	90,53	91,33	89,14	87,32	94,61	95,56
S.D.	8,98	10,55	10,16	11,25	6,36	10,08
N	17	17	28	28	18	18

An examination of Table 27 shows that the mean folded scores are noticeably above zero. Of the means of the 6 sub groups, only one is less than 1,5 standard deviations away from zero.

These results are confirmed in Table 28, where it may be observed that the mean scores are well above 78. Thus positive change is suggested.

Table 29: Repeated Measures ANOVA on folded Relationship Change Scores

Source	df	M.S	F	P
I	1	3433,84	312,76	0,00
G	2	303,61	2,77	0,07
F	1	30,45	0,89	0,35
FxG	2	24,94	0,73	0,49
Er (G)	60	6586,65	-	-
Er (F)	60	34,27	-	-

Key:	Symbol	Factor	Level
	I	Interupt	
	G	Group	6W, 6M, 8Y
	F	Family	Husband/Wife

It is clear from Table 29 that there are no significant differences in response between the husbands and wives. They all experience significant changes (p=0,00). There is a tendency for the parents of 6 month children to see marginally less change than the other groups.

Table 30: Repeated Measures ANOVA on total Relationship Change Scores

Source	df	M.S	F	P
I	1	1001973,88	6746,21	0,00
G	2	498,75	3,36	0,04
F	1	2,10	0,02	0,89
FxG	2	60,80	0,59	0,55
Er (G)	60	148,52	-	-
Er (F)	60	102,24	-	-

Table 30 confirms the similarity of the husbands and wives on the Relationship Change Scale scores. There are no significant differences between family members on the

total Relationship Change Scale. However, in line with the folded scores, there are significant differences between groups with the 6M group perceiving the least amount of positive change.

11.2 Section 2

11.2.1 Self Report Responses

The following tables reflect an overall summary of the samples self-report responses to questions concerning the changes experienced in the transition to parenthood. As these were open ended questions, some subjects responded with long multifaceted answers, while some either failed to respond or did so rather simply.

In the following table the responses of the subjects were summarised into five dimensions, (viz. responsibility, maturity, tolerance, more meaning in life, baby centeredness.

Table 31: Difference in Self since the Birth

HOW DO YOU SEE YOURSELF AS DIFFERENT NOW THAT YOU HAVE HAD A BABY?

	Non-Intervention Group				Intervention Group			
	Husbands	%	Wives	%	Husbands	%	Wives	%
More responsible	3	20	3	20	10	67	5	33
More mature	0	0	4	27	0	0	5	33
Meaning	4	27	2	13	3	20	4	27
Baby centered	2	13	0	0	6	40	3	20
Tolerant	0	0	6	40	2	13	6	40

COMMENTS:

"My role has changed drastically. From a sensual free woman to a wife in the true sense of the word; and rather anxious about my well-being and my husband's well-being - knowing that disruptions of our relationship will lead to disruptions of my baby's life."

From Table 31:

Responses concerning tolerance and maturity were dominantly confined to the reports of the wives. 27% of the non-intervention wives and 33% of the intervention wives reported that they felt more mature. Whereas 40% of both the non-intervention and intervention women saw themselves as more tolerant, only 13% of the intervention husbands and none of the non-intervention husbands indicated an increase in tolerance.

Central for the new fathers was the added experience of responsibility of becoming a parent. The importance of responsibility is particularly high for the intervention husbands.

27% of the non-intervention group husbands, and 20% of the intervention husbands mentioned "added meaning" as something new and relevant to their lives since the birth of their baby, 13% of non-intervention group husbands and 40% of intervention husbands mentioned how their lives have become baby centered.

What is noteworthy from the frequency of responses, is that the intervention group gave many more responses to the questions than the non-intervention group, possibly due to the experimenter's relationship with them.

Table 31a: Difference in Life

HOW HAS YOUR LIFE CHANGED SINCE THE BIRTH OF YOUR BABY?

Change	≤ Moderate	> Moderate
	Non-intervention Group	
Husband	3 (20%)	12 (80%)
Wife	5 (33%)	10 (67%)
	Intervention Group	
Husband	2 (13%)	13 (87%)
Wife	6 (40%)	9 (60%)

Frequency of comments:

	H	W
Not living our lives anymore, but the baby's	8	20
Limited socializing and freedom to go away	9	5
Financial strains	1	3
Social circle more baby oriented	3	
Attitude and feeling toward life and kids changed	5	
More tolerance	3	
More difficult		4
Stopped work (positive and negative implications)		

COMMENTS:
Positive statements.
Much more fulfilled, more fun, we've become closer and more considerate.

Negative statements.
1. From a carefree student to a totally unacademic, basically unstimulating life of cooking, cleaning washing nappies and dishes, and baby talk.
2. From a feeling of being in control and achievement, to one of chaos, disorganization, anxiety (from not knowing how to cook, for example) and basically feeling inadequate. I do feel, however that I'm a good mother because my baby and I have a wonderful, relaxed relationship.

(H) A person is not able to comprehend the changes in their life prior to the birth of a baby no matter how much they read or are told about it.

From Table 31a:

Over 80% of the husbands and 60% of the wives, irrespective of group, experienced a substantial change to their lives since the birth of their baby.

A central theme expressed more by wives and most frequently by the intervention wives (86%) was that they were not living their own lives anymore, but the baby's.

Curtailment of their social lives appeared to bother the intervention groups, both husbands (33%) and wives (27%) more than the non-intervention group.

Finally, only the women in the intervention group spoke of how difficult this time had been (27%).

Thus we see that there are indications that the intervention groups had more difficulty with the transition to parenthood.

Table 32: Ease of Transition to Parenthood.

THE SHIFT TO BECOMING A PARENT HAS BEEN

	> OK	≤ OK
Non-Intervention Group		
Husband	13 (87%)	2 (13%)
Wife	14 (93%)	1 (07%)
Intervention Group		
Husband	9 (60%)	6 (40%)
Wife	11 (73%)	4 (27%)

COMMENTS:

Husbands negative statements:	H
Less time	2
Increased tension	1
Sense of responsibility	3
Very difficult to change	1

Husbands positive statements:
More fun and enjoyment.
Wanted the baby, so was prepared for the difficulties.
"I feel that coming from a loving family, I can give to my own as I have been given to myself.

Comments made by both husbands and wives:	H	W
Natural	1	3
Not as traumatic as expected	1	1

Wives negative statements:
No sleep produces difficulties.
Lonely.
Need to constantly suppress myself.
The difficulties of becoming a housewife.
"I find it a strain having someone so dependent on me - especially when they don't understand "I'm coming in a minute!"

Wives positive statements:	W
I was mentally ready	6
Easy and fulfilling	
I love that baby more than I expected to	

From Table 32

Over 70% of wives and 60% of husbands found the shift to becoming a parent relatively easy.

40% of intervention husbands found the shift relatively difficult, while 27% of intervention wives found it relatively difficult. This is in contrast to the non-intervention husbands and wives (13%; 7%).

The following tables and statements are responses to the question about the couples own parenting. These questions were included as there is evidence (Grossman, et al 1980) that men who recall having been well and caringly parented, tend to make very caring husbands and fathers; and husbands who are caring over the transition to parenthood, tend to have well adjusted wives (Grossman et al 1980; Wolkind and Zajicek 1981).

Table 33: Parenting

WOULD YOU LIKE TO PARENT YOUR CHILD IN THE SAME WAY THAT YOU WERE PARENTED?

Non-Intervention Group

	Yes	Ambivalent	No
Husbands	6	2	3
Wives	8	1	6

Intervention Group

	Yes	Ambivalent	No
Husbands	5	5	4
Wives	6	4	5

Comments:
(H) A person tends to parent the way he/she was parented.
I understand my mother much better now that I am a parent..

Husbands negative statements
Mother too protective.
Lack of real affection from mother.
Resentful of mother's career - experienced as lack of concern.
Mother too forceful.

Husbands positive statements
She loved a lot and was strong, kids need this..
Tried her best.
Supportive.

Wives negative statements
Too protective.
Too strict and narrow minded; domineering.
Too involved with self.
Hurt by my mother's lack of concern. I strongly feel the need for a mother figure now - particularly for help with the child".

Wives positive statements
Balance of strict and loving.
Understand her better since I've had a baby.
Stability, security, compassion and strict.
Values provided a secure base.
"My mother sees me as an adult now, I see her more as a friend".

One way of looking at the above table (number 33), is to examine the differences in certainty between the groups

Table 34: Certainty between the Groups with respect to Parenting

	Certain	Ambiguous
Non-intervention Group		
Husband	9 (39%)	2 (66%)
Wife	14 (61%)	1 (33%)
	23 (100%)	3 (100%)
Intervention Group		
Husband	9 (45%)	5 (55%)
Wife	11 (55%)	4 (45%)
	20 (100%)	9 (100%)

From Table 34:

All the groups expressed greater certainty than ambiguity about how they were parented, and would like to parent their children.

However, the control group expressed a greater degree of certainty, implying that they have a clearer sense of how they would like or not like to be as parents. It is also the control group that have the greater number of both husbands and wives that responded positively to the question, thus *affirming* that they were satisfied with the *kind of parenting* that they received.

11.2.2 Statistical Evaluation.

The following results represent the statistical evaluation of the Transition to Parenthood. There is a convention is psychological research to adopt a 5% level of significance as statistically significant. This procedure will be followed. However, in a sudy of this nature, based on small samples, it is also important to describe tendencies and trends, albeit that these are not statistically significant.

Self Report Scales on *Life Satisfaction*, Anxiety and Aspects of Marriage.

Husbands and wives from the intervention and non-intervention groups completed a series of self-report rating scales on life satisfaction, and anxiety levels over periods of time in their

marriage, ranging from prior to marriage to the period nine months after the birth (Questions 1, 21 and 22). The results of these will be presented below.

11.2.2.1 Self Report on Life Satisfaction

Table 35: Table of Life Satisfaction: Means and Standard Deviations

	Non-intervention Group				Intervention Group			
	H		W		H		W	
N	11		14		14		15	
	Means	d	Means	d	Means	d	Means	d
BM	6,82	-	7,93	-	7,36	-	6,53	-
BP	7,73	0,91	8,07	0,14	8,07	0,71	8,07	1,54
AP	7,36	-0,37	8,50	0,43	7,36	-0,71	7,93	-0,14
AB	8,91	1,55	8.79	0,29	8,79	1,43	8,60	0,67
	SD		SD		SD		SD	
BM	1,08		1,54		1,28		1,81	
BP	0,79		2,81		1,07		1,79	
AP	1,43		1,79		1,91		1,87	
AB	1,04		1,58		1,05		1,80	

Key: BM = Before Marriage BP = Before Pregnancy
AP = After Pregnancy AB = After Baby

In order to examine the nature of change over the pregnancy and birth, three repeated measures ANOVA's were performed on the scores on life satisfaction. The first examined change over the period extending from marriage to birth (Table 35). The second examined change arising from the pregnancy (Table 36) and the third examined change arising from the birth (Table 37).

The following analyses of variance were carried out as described above in the chapter on methodology, under data analysis.

Table 36: Repeated measures ANOVA on change in satisfaction from before the pregnancy to after birth

Source	df	M.S	F	P
W	1	64,29	20,91	0,00
WxG	1	1,05	0,34	0,57
F	1	0,00	0,00	0,99
FxG	1	11,40	8,61	0,01
WxF	1	0,51	0,52	0,48
WxFxG	1	7,11	7,20	0,01
Er (W)	23	3,07	-	-
Er (F)	23	1,32	-	-
Er (WxF)	23	0,99	-	-

Additional Contrasts

Source	F	P
WxG (H)	1,14	0,30
WxG (W)	2,36	0,14
FxG (pre)	0,64	0,00
FxG (post)	0,27	0,61

Key: W = Whole period F = Family Member (husband/wife)
Er= Error

Table 37: Repeated measures ANOVA on change is satisfaction due to the Pregnancy

Source	df	M.S	F	P
P	1	3,87	1,51	0,23
PxG	1	0,03	0,01	0,92
F	1	4,67	2,83	0,11
FxG	1	2,10	1,28	0,27
PxF	1	0,50	0,48	0,49
PxFxG	1	0,50	0,48	0,49
Er (P)	23	2,56	-	-
Er (F)	23	1,65	-	-
Er (PxF)	23	1,04	-	-

Additional Contrasts

Source	F	P
PxG (H)	0,39	0,57
PxG (W)	0,06	0,81
FxG (pre)	1,92	0,18
FxG (post)	0,19	0,67

Key:

Symbol	Factor	Levels
P	Pregnancy	(before/after)
G	Group	(NI/I)
F	Family member	(husband/wife)

Table 38: Repeated measures ANOVA on change in satisfaction due to the birth

Source	df	M.S	F	P
B	1	3	27,60	0,00
BxG	1	0,[illegible]	0,07	0,80
F	1	1,[illegible]	0,75	0,40
FxG	1	0,53	0,34	0,58
BxF	1	3,20	3,82	0,06
BxFxG	1	0,00	0,00	0,99
Er (B)	23	1,13	-	-
Er (F)	23	1,56	-	-
Er (BxF)	23	0,84	-	-

Additional Contrasts

Source	F	P
BxG (H)	0,06	0,80
BxG (W)	0,03	0,88
FxG (pre)	0,18	0,67
FxG (post)	0,27	0,61

Key:	Symbol	Factor	Levels
	B	Birth	(before/after)
	G	Group	(NI/I)
	F	Family member	(husband/wife)
	Er	Error	

In terms of satisfaction with life, all of the groups show a general upward trend in satisfaction (p=0,00) (Table 36).

Only the non-intervention wives, who were more satisfied than any other group before the pregnancy, failed to dip (with the mean difference between the post test and the pre test called "d"; d=0,43), at the time of the pregnancy. These individuals remained as high as any other group in life satisfaction all the way through the pregnancy.

Non-intervention husbands tended to start low in life satisfaction, moving in an upward trend, with a dip during the pregnancy, but ultimately reported themselves to be most satisfied. This produced the significant interaction effect WxPxG in table A (p=0,01)~ since their wives showed the lowest overall increase. It would appear that there is some aspect of the marital relationship and the transition to parenthood that is particularly gratifying for these husbands.

In examining in detail the period over which the wives became pregnant, it is clear that wives tend to be more satisfied than their husbands both before and after the pregnancy (p=0,11). The isolated rise in satisfaction of the non-intervention wives does not result in a significant PxPxG interaction effect (p=0,49) and probably prevents the overall drop from being significant (p= 0,23)

The birth itself would seem to be particularly important for the husbands. They improve their satisfaction noticeably compared to the wives (p=0,06) and thus eliminate the

differences in satisfaction that existed before the birth. Both husbands and wives gain in satisfaction over the birth (p=0,00).

On the whole, the period of the pregnancy represents a time where there is an increase in life satisfaction for most people.

The non-intervention groups tend to be slightly more satisfied with their lives at the end, with particularly the non-intervention husbands showing a major shift.

11.2.2.2 Self Report Scale on Anxiety

The subjects were asked to rate their level of anxiety on a scale of 1-10 over six time periods during the transition to parenthood.

Table 39: Table of Anxiety: Means and standard deviations of stated levels

	Non-intervention Group				Intervention Group			
	H		W		H		W	
N	10		14		14		15	
	Means	d	Means	d	Means	d	Means	d
P1	3,00	-	4,08	-	4,93	-	4,20	-
P2	3,20	0,20	4,46	0,38	4,71	-0,22	4,93	0,73
P3	4,20	1,00	5,23	0,77	5,36	0,65	5,53	0,60
Birth	7,20	3,00	6,77	1,54	7,07	1,71	6,87	1,34
Post 1	3,10	-4,10	5,54	-1,23	4,64	-2,43	5,67	-1,20
Post 2	1,80	-1,30	2,46	-3,08	2,79	-1,85	4,27	-1,40
	SD		SD		SD		SD	
P1	2,45		2,99		3,08		2,83	
P2	2,30		2,[illegible]		2,20		2,28	
P3	2,30		2,89		2,06		2,36	
B	2,44		2,86		3,29		2,67	
Post1	1,73		2,73		2,95		3,31	
Post2	1,23		1,90		2,49		2,84	

Key: P1= First trimester of pregnancy
P2= Second trimester of pregnancy
P3= Third trimester of pregnancy
Post 1 = First three months after birth
Post 2 = Second three months after birth

From the self-report on anxiety during the perinatal period, what can be seen is that the birth itself is consistently viewed as the most anxious period by all the groups. There is a general trend in which all the groups report an increase in anxiety over the course of the pregnancy, peaking at the time of the birth, and then falling off fairly sharply after the birth of the baby and over the next six months. The non-intervention husbands begin the pregnancy by being less anxious than any of the other groups, they peak with the others at the consistently anxious time of the birth, and fall off very sharply to immediately after the birth become the least anxious again.

In order to examine the significance of differential change in anxiety, two repeated measure ANOVA's were performed. In the first analysis the change from the 2nd trimester to the birth was examined (Table 39) and in the second analysis change from the birth to 6-9 months later was examined (Table 40).

Table 40: Repeated measure ANOVA on change in Anxiety from the second trimester to the birth.

Source	df	M.S.	F	P
P	1	130,72	16,93	0,00
PxG	1	2,46	0,32	0,58
F	1	0,88	0,26	0,62
FxG	1	0,01	0,00	0,96
PxF	1	13,73	2,86	0,11
PxFxG	1	6,43	1,34	0,26
Er (P)	21	7,72	-	-
Er (F)	21	3,42	-	-
Er (PxF)	21	4,80	-	-

Additional Contrasts

Source	F	P
PxG (H)	1,92	0,26
PxG (W)	0,08	0,79
FxG (pre)	0,72	0,41
FxG (post)	0,85	0,37

Key:

Symbol	Factor	Levels
P	Pregnancy	(before/after)
G	Group	(NL/I)
F	Family member	(husband/wife)

Table 41: Repeated measures ANOVA on change in Anxiety from birth to 6-9 months later

Source	df	M.S	F	P
P	1	327,36	57,97	0,00
PxG	1	7,36	1,30	0,27
F	1	0,09	0,02	0,90
FxG	1	5,65	1,14	0,30
PxF	1	24,42	6,38	0,02
PxFxG	1	0,07	0,02	0,90
Er (B)	21	5,65	-	-
Er (F)	21	4,96	-	-
Er (BxF)	21	3,83	-	-

Additional Contrasts

Source	F	P
PxG (H)	0,89	0,36
PxG (W)	0,67	0,43
PxG (pre)	0,85	0,37
PxG (post)	0,48	0,50

Key:	Symbol	Factor	Levels
	P	Pregnancy	(before/after)
	G	Group	(NI/I)
	F	Family member	(husband/wife)
	E	Error	

The analyses of change in anxiety before and after the birth showed consistent patterns. In both cases the overall change is significant (p=0,00). There is a significant differential family effect in that the husbands suffer a relatively pronounced increase in anxiety before the birth (p=0,11) and then experienced a relatively pronounced relief after the birth (p= 0,02).

It is the intervention wives who are most anxious at the end, the same group who report the lowest, if only minimally so, on life satisfaction since the birth of their baby.

11.2.2.3 Self Report on Aspects of the Marriage

The subjects were asked to rate themselves and their spouses in the marriage on the changes in various aspects of the marriage since the birth of the baby. These aspects include: the ability to handle conflict; support for each other; dependency on spouse; spouse's dependency on self; communication; stress; their economic situation; and their marital stability. All these aspects were rated by each spouse on a scale that ran from much better, through to much worse.

Table 42: Means and Standard Deviations on Self Report on Aspects of the Marriage

	Non-intervention Group				Intervention Group			
	H		W		H		W	
	N	Means	N	Means	N	Means	N	Means
Con	11	2,45	11	2,64	14	2,86	14	2,93
Com	11	2,55	11	2,57	14	2,64	14	2,73
Sup	11	2,36	11	2,50	14	2,29	14	2,60
Str	11	2,55	11	2,43	14	2,93	14	3,00
Dp Sp	11	2,64	11	3,31	13	2,85	13	3,13
Dp P	11	2,82	11	3,29	13	2,92	13	3,07
Ec	11	3,09	11	3,21	14	3,29	14	3,13
Sex	11	3,00	11	3,23	14	3,29	14	3,27
Stab	11	2,09	11	2,08	14	2,64	14	2,73

	H	W	H	W
	SD	SD	SD	SD
Con	0,82	0,93	0,53	0,80
Com	0,82	0,94	0,93	0,96
Sup	0,81	1,02	0,61	1,06
Str	0,93	0,85	0,62	0,65
Dp Sp	0,67	0,75	0,55	0,64
Dp P	0,98	0,73	0,86	0,70
Ec	0,94	0,70	0,99	0,99
Sex	0,89	0,73	0,73	0,88
Stab	0,70	0,86	0,84	0,70

Key: Con = Conflict
Com = Communication
Sup = Support
Str = Stress
Dp Sp = Dependency Spouse
Ec = Economy
Dp P = Dependency Personal
Stab = Stability

Table 43: Analysis of Variance on Aspects of the Marriage

	G			F			FxG		
	MS	F	P	MS	F	P	MS	F	P
Con	1,90	1,97	0,17	0,08	0,24	0,62	0,00	0,00	-0,95
Com	0,09	0,09	0,77	0,08	0,13	0,72	0,00	0,00	0,97
Sup	0,06	0,06	0,81	0,96	1,63	0,21	0,00	0,00	0,98
Str	2,16	3,12	0,09	0,02	0,03	0,85	0,02	0,03	0,85
Dp Sp	0,09	0,27	0,61	3,61	7,16	0,01	1,27	2,51	0,13
Dp P	0,22	0,27	0,61	1,86	3,38	0,08	0,69	1,26	0,27
Eco	0,19	0,12	0,73	0,06	0,25	0,62	0,06	0,25	0,62
Sex	0,09	0,09	0,76	0,47	1,01	0,33	0,47	1,01	0,37
Stab	3,91	4,43	0,05	0,21	0,57	0,46	0,05	0,13	0,72

Error Terms

	df	MS Error (G)	MS Error (F)
Con	23	0,96	0,34
Com	23	1,11	0,61
Sup	23	1,04	0,59
Str	23	0,69	0,45
Dp Sp	21	0,33	0,50
Dp P	22	0,82	0,55
Eco	23	1,50	0,25
Sex	22	0,91	0,46
Stab	22	0,88	0,38

Key: Con = Conflict
Com = Communication
Sup = Support
Str = Stress
Dp Sp = Dependency Spouse
Eco = Economy
Dp P =Dependency Personal
Stab= Stability

From the self-report scores on aspects of the marriage, both the non-intervention husbands and wives report that they are much improved in conflict resolution, communication, support for each other, their ability to handle stress, and a marked increase in the stability of their marriage. However, whereas the wives saw their own dependency needs as having increased, the husbands saw their wives dependency needs as having decreased. And whereas the husbands saw their own dependency needs to have decreased, the wives saw their husbands dependency needs to have increased.

There is a tendency for the difference in perceived dependency of the non-intervention couple to widen in relation to the intervention couple (p=0,13); the non-intervention wives growing in confidence, while their husbands become more attached : the reverse being true for the Intervention husbands and wives.

In terms of each spouse's perception of the other, there is a tendency for the husbands to see their wives as less dependent than the wives see the husbands (p=0,08).

As might be expected, all the groups, intervention and non-intervention, agreed that their economic situation had suffered, as all the wives had, until this period, contributed to the family income. Also everybody, except the control husbands, reported that their sexual relationship had deteriorated somewhat. This difference is not significant.

While both groups show some improvement in conflict resolution, the non-intervention group tend to improve more (p=0,17).

Whereas the intervention group reported that their ability to handle stress was the same, the non-intervention group reported that they were both able to handle stress better since the birth of the baby (p=0,09).

The aspect of the stability of the marriage reflects a type of summing-up of the aspects of their marriage. And it appears that for both the intervention and non-intervention groups, the

couples do see eye to eye on the overall perspective on the stability of their marriages.

Both the intervention and the non-intervention groups see the stability in their marriages as having improved, but in the non-intervention groups, both husbands and wives report a larger improvement in the stability of their marital relationship than the intervention groups - with the non-intervention groups showing relatively more stability than the intervention groups ($p=0,05$).

In summary then it seems that it is the non-intervention group that is reporting the greatest improvement in their marital relationship and the lesser amount of problems.

11.2.2.4 Marital Satisfaction

Scores on the Marital Satisfaction Sentence Completion Technique (Inselberg, 1961) were obtained both at pre and post testings, for husbands and wives of the intervention and non-intervention groups. Interest was, in the difference in marital satisfaction both between and within groups at the start, and the end of the study, as well as the change in marital satisfaction over the transition to parenthood.

Table 44: Means and Standard Deviations in Marital Satisfaction on pre test scores

	Non-intervention Group						Intervention Group					
	H			W			H			W		
N	9			9			15			15		
	Means	d	s	Means	d	s	Means	d	s	Means	d	s
Pre	38,89	-	7,29	38,84	-	5,94	40,33	-	4,92	42,60	-	6,14
Post	36,11	-2,78	8,01	38,11	-0,73	7,64	38,73	-1,60	5,82	38,53	-4,07	4,82

Table 45: Repeated measures ANOVA on pretest scores of the Marital Satisfaction scale

Source	df	M.S.	F	P
G	1	88,20	1,43	0,24
F	1	9,34	0,94	0,34
FxG	1	20,67	2,08	0,16
Er (F)	22	9,94	-	-
Er (G)	22	61,61	-	-

Key:	Symbol	Factor	Levels
	G	Group	(NI/I)
	F	Family member	(husband/wife)
	Er	Error	

Table 46: Repeated Measures ANOVA on change in Marital Satisfaction over the Transition to Parenthood

Source	df	M.S.	F	P
B	1	108,35	5,43	0,03
BxG	1	9,18	0,46	0,50
F	1	18,45	1,24	0,28
FxG	1	0,37	0,02	0,88
BxF	1	0,00	0,00	0,99
BxFxG	1	33,92	2,96	0,10
Er (B)	22	19,96	-	-
Er (F)	22	14,90	-	-
Er (BxF)	22	11,45	-	-

Additional Contrasts

Source	F	P
BxG (H)	0,23	0,63
BxG (W)	2,67	0,12
FxG (pre)	2,08	0,16
FxG (post)	0,83	0,37

Key:	Symbol	Factor	Levels
	B	Birth	(before/after)
	G	Group	(NI/I)
	F	Family member	(husband/wife)
	Er	Error	

Although the self report measures reflect little stress and difficulty in the transition to parenthood and a general increase in life satisfaction over the course of the transition to parenthood, the present more comprehensive measures of marital satisfaction found a general decline in marital satisfaction nine months after the birth of the baby ($p=0,03$).

Before the pregnancy, the intervention wives were more divergent from their husbands than was the case amongst the non-intervention groups ($p=0,16$). In this test, both husbands and wives in the intervention and non-intervention groups, showed a decrease in marital satisfaction over the course of the study.

The non-intervention wives decreased in marital satisfaction significantly least, while the wives of the intervention group decreased most, causing the BxFxG interaction to be significant at $p=0,10$. However, it should be noted that the former group started least satisfied, while the latter started most satisfied. The other group that tended to drop fairly steeply in marital satisfaction over the transition to parenthood was the non-intervention husbands. Beginning relatively low in marital satisfaction, they dropped to become the lowest of all the groups. By six months the pattern of concordance had changed, with greater convergence of the intervention group in terms of marital satisfaction.

11.2.2.5 Sentence Completion Test for Measuring Ego Development (Loevinger et al 1970)

Table 47 gives the number and percentage in each group who fell in each of three categorizations on the Loevinger in the pre and post testing.

Table 47: Numbers and percentages of subjects in Loevinger stages of ego development before and after the birth

Non-Intervention Group

Stages			≤3	3/4 - 4	≥4
	Pre	N	2	6	3
		%	18%	55%	27%
H	Post	N	5	6	0
	%		45%	55%	0%
	d	%	27%	-	-27%
	Pre	N	1	8	2
		%	9%	73%	18%
W	Post	N	3	7	1
		%	27%	64%	9%
	d	%	18%	-9%	-9%

Intervention Group

Stages			≤3	3/4 - 4	≥4
	Pre	N	1	9	3
		%	8%	69%	23%
H	Post	N	5	4	4
		%	38%	31%	31%
	d	%	30%	-38%	8%
	Pre	N	1	8	4
		%	8%	62%	31%
W	Post	N	5	6	2
		%	38%	46%	15%
	d	%	30%	-16%	-16%

Of note is that 4/13 (31%) of the intervention wives and only 2/11 (18%) of the non-intervention wives scored ≥4/5, thus the intervention wives started with slightly higher scores on ego development. At the post test, more intervention wives than non-intervention wives regressed.

Table 48 gives the number in each group who regressed or stayed the same.

Table 48: Table of change in absolute Loevinger scores (moving from one category to another as specified in table 47).

Non-Intervention Group

	Regress		Stay Same		Progress	
	N	%	N	%	N	%
H	5	45%	5	45%	1	9%
W	3	27%	8	73%	0	0%

Intervention Group

	Regress		Stay Same		Progress	
	N	%	N	%	N	%
H	4	31%	8	62%	1	9%
W	7	54%	4	31%	2	15%

Whereas there was only 3/11 (31%) of the non-intervention wives who regressed, over half 7/13 (54%) of the intervention wives regressed. The trends among the husbands are opposite to this.

Table 49 contains a contrast of the relative positions of husbands and wives on the Loevinger

Table 49: State of husbands, relative to wives (using categories in Table 47

Non-Intervention Group

	H < W		H = W		H > W	
	N	%	N	%	N	%
Pre	3	27%	6	54%	2	18%
Post	2	18%	8	73%	1	9%

Intervention Group

Pre	5	38%	5	38%	3	23%
Post	3	23%	5	38%	5	38%

An examination of Table 49 makes it clear that there is more of a convergence of scores in the post test of the non-intervention group than the intervention group.

Table 50: Relative change of husbands/wives using Loevinger's original categories.

	H grows relative to W		No real change		W grow relative to H	
NI	1	9%	5	45%	5	45%
I	4	31%	6	46%	3	23%

Table 50 contains evidence that the wives of the intervention group tend to regress relative to their husbands, (4/13 wives regressed relative to their husbands, whereas that was so for only one of the non-intervention group wives). In the non-intervention group, 5/11 (45%) wives grew in relation to their husbands, while this was only true for 3/13 (23%) of the intervention group.

In summary, there is evidence that the intervention wives show the strongest tendency to regress. This is not only in absolute terms, since they tend to regress relative to their

husbands as well. The opposite tendency exists in the non-intervention group, where only one wife *regresses* relative to her husband.

11.2.2.6 The Relationship Change Scale:

The *Relationship* Change subscales measure two sets of changes in the relationship. For the pretest they measure the changes that have occurred from the time of the *beginning* of the pregnancy until the first testing. For the post test they measure the changes from the beginning of the pregnancy until six to nine months after the birth.

The following four subscales of commitment; crisis-facing; permeability; and flexibility, are derived from the Relationship Change Scale.

Table 51: Means and Standard Deviations on the Commitment dimension of the Relationship Change Scale for pre and post Testing

	Non-intervention Group						Intervention Group					
	H			W			H			W		
N	11			11			14			14		
	Means		d	SD	Means	d	SD	Means	d	SD	Means	d
Pre	9,91	-	1,14	10,91	-	1,30	10,79	-	1,37	10,36	-	1,22
Post	10,18	0,27	0,87	9,82	-1,09	1,66	10,79	0,00	1,67	10,21	-0,15	1,63

Table 52: Repeated measures ANOVA on pretest scores of Commitment

Source	df	M.S	F	P
G	1	0,32	0,17	0,68
F	1	1,01	0,78	0,39
FxG	1	6,29	4,87	0,04
Er (F)	23	1,29	-	-
Er (G)	23	1,90	-	-

Key:	Symbol	Factor	Levels
	G	Group	(NI/I)
	F	Family member	(husband/wife)
	Er	Error	

Table 53: Repeated Measures Analysis of Variance on change in commitment over the Transition to Parenthood

Source	df	M.S	F	P
B	1	1,42	0,85	0,37
BxG	1	0,70	0,42	0,52
F	1	0,20	0,08	0,78
FxG	1	4,12	1,62	0,22
BxF	1	3,49	4,22	0,05
BxFxG	1	2,30	2,77	0,11
Er (B)	23	1,67	-	-
Er (F)	23	2,55	-	-
Er (BxF)	23	0,83	-	-

Additional Contrasts

Source	F	P
BxG (H)	0,15	0,70
BxG (W)	2,73	0,11
FxG (pre)	4,87	0,04
FxG (post)	0,06	0,80

Key:	Symbol	Factor	Levels
	B	Birth	(before/after)
	G	Group	(NI/I)
	F	Family member	(husband/wife)
	Er	Error	

The non-intervention husbands and wives differed noticeably on the amount of change, due to the pregnancy, expressed in their

commitment to the marriage. While both experienced positive change, the wives in this group expressed the greatest amount of change, and their husbands the least. In contrast, the intervention husbands and wives were more similar in experiencing a positive but intermediate renewed commitment to their marriage. This differential effect was significant beyond 5% (p=0,004).

The renewed commitment of the non-intervention wives is not sustained through the birth. Although their husbands do claim to have a slightly increased commitment, the wives express a sharp drop after the birth, although at the end they still claim a positive change since before the pregnancy. With the intervention group adjusting their expressed commitment to the marriage little, the BxFxG approaches significance (p=0,11).

The birth itself would seem to be of some importance to the husband's expressed commitment to the marriage, if only to sustain their pre-birth interest. The wives in both groups experience a reduction in commitment subsequent to the birth, resulting in the significant BxF effect (p=0,05).

Table 54: Means and Standard Deviations on the Crisis-facing dimension of the Relationship Change Scale for pre and post Testing

	Non-intervention Group						Intervention Group					
	H			W			H			W		
N	11			11			13			13		
	Means	d	s	Means	d	s	Means	d	s	Means	d	s
Pre	22,55	-	1,69	23,27	-	2,41	23,00	-	3,00	22,92	-	3,84
Post	22,82	0,27	3,37	22,55	-0,72	3,14	24,08	1,08	3,12	23,31	0,39	2,66

Table 55: Repeated measures ANOVA on pretest scores of Crisis-facing

Source	df	M.S	F	P
G	1	0,03	0,00	0,96
F	1	1,26	0,24	0,63
FxG	1	1,93	0,37	0,55
Er (F)	22	5,21	-	-
Er (G)	22	11,69	-	-

Key:	Symbol	Factor	Levels
	G	Group	(NI/I)
	F	Family member	(husband/wife)
	Er	Error	

Table 56: Repeated Measures Analysis of Variance on change in crisis-facing over the Transition to Parenthood

Source	df	M.S	F	P
B	1	1,51	0,21	0,65
BxG	1	5,46	0,77	0,39
F	1	0,29	0,04	0,84
FxG	1	2,52	0,47	0,50
BxF	1	4,27	0,80	0,38
BxFxG	1	0,14	0,03	0,87
Er (B)	22	7,07	-	-
Er (F)	22	5,32	-	-
Er (BxF)	22	5,34	-	-

Additional Contrasts

Source	F	P
BxG (H)	0,72	0,41
BxG (W)	0,38	0,54
FxG (pre)	0,37	0,55
FxG (post)	0,13	0,72

Key:	Symbol	Factor	Levels
	B	Birth	(before/after)
	G	Group	(NI/I)
	F	Family member	(husband/wife)
	Er	Error	

Although there are no significant differences between groups, the pattern of the crisis-facing responses within the marriage arising out of the pregnancy is similar to that of commitment.

Except for the control husbands who measured least in the change in crisis-facing since the beginning of the pregnancy, the groups are almost identical in the pretest.

At the end however, the experimental husbands reported most change and were most crisis facing, followed by the experimental wives. Control husbands and control wives reported less positive change and were less crisis-facing at the end than the experimental groups.

It appears that the experimental husbands and wives are attempting to engage in the crisis, and have both been more crisis-facing by the final testing.

Although reporting a large increase in crisis facing at the start of the pregnancy, the control wives are the only group that actually dropped in crisis-facing in the marriage, while all the other groups tended to increase. With respect to crisis-facing within the marriage, the husbands both improve relative to their wives. It would seem, then, that it is the husbands who are becoming more involved in the marriages than their wives at this time.

Although there are no significant differences between the groups, the pattern of responses to the crises facing within the marriage, arising out of the pregnancy is similar to that for commitment. All groups express a slightly positive change over

the pregnancy period, the non-intervention husbands, falling slightly before the groups.

Besides for the non-intervention wives, the groups tend to increase further in crisis-facing due to the birth of the baby. However, since there is a relatively large amount of variance in the responses, there are no significant differences that occur over the birth, on this variable.

As with the changes in commitment to the marriage, there is a tendency for the husbands to increase more than their wives on crisis facing due to the birth, and ending up with the highest amount of change. By three months after the birth, the gap between the intervention husbands and their wives has widened, while the opposite is true for the non-intervention groups.

Table 57: Means and Standard Deviations on the Permeability dimension of the Relationship Change Scale for pre and post Testing

	Non-intervention Group						Intervention Group					
	H			W			H			W		
N	11			11			14			14		
	Means	d	SD	Means	d	SD	Means	d	SD	Means	d	SD
Pre	27,27	-	3,80	28,64	-	3,53	30,00	-	4,08	28,43	-	3,92
Post	25,82	-1,45	4,85	24,64	-4,00	3,85	29,21	-0,79	3,47	26,07	-2,36	4,07

Table 58: Repeated measures ANOVA on pretest scores of Permeability

Source	df	M.S	F	P
G	1	19,55	1,25	0,27
F	1	0,13	0,01	0,92
FxG	1	26,53	1,88	0,18
Er (F)	23	14,13	-	-
Er (G)	23	15,61	-	-

Key:	Symbol	Factor	Levels
	G	Group	(NI/I)
	F	Family member	(husband/wife)
	Er	Error	

Table 59: Repeated Measures Analysis of Variance on change in crisis-facing over the Transition to Parenthood

Source	df	M.S	F	P
B	1	113,83	9,31	0,01
BxG	1	8,23	0,67	0,42
F	1	31,64	2,73	0,11
FxG	1	36,92	3,18	0,09
BxF	1	26,10	3,24	0,08
BxFxG	1	1,46	0,18	0,67
Er (B)	23	12,22	-	-
Er (F)	23	11,59	-	-
Er (BxF)	23	8,05	-	-

Additional Contrasts

Source	F	P
BxG (H)	0,12	0,74
BxG (W)	0,98	0,33
FxG (pre)	1,88	0,18
FxG (post)	2,15	0,16

Key:	Symbol	Factor	Levels
	B	Birth	(before/after)
	G	Group	(NI/I)
	F	Family member	(husband/wife)
	Er	Error	

The pregnancy encouraged individuals in all groups to become more permeable, with the intervention husbands indicating a particular rise at this time. In the pretest, the non-intervention wives express a bigger increase in permeability than their husbands, who indicate the least initial change. With the opposite being true for the intervention group, there is a PxG effect that is not far from significance (p=0,18).

There is a consistent decrease in permeability arising out of the birth (p=0,01). In both groups, the wives tend to decrease more than their husbands (p=0.08), with the non-intervention wives *decreasing* most. With the sharp drop expressed by this latter group, the *intervention* groups end with greater positive change than the *non-intervention* groups (p=0,11), although the gap between the husbands *and* wives *in* this group is bigger (p=0,16). Thus, by the time of the post test, six months after the birth, the *intervention husbands are still suggesting* that they have changed most *in permeability since* their wives fell pregnant. At this time, due to the large drop *in their scores*, the non-intervention wives are indicating the least overall change in permeability, less even than their husbands.

Thus, overall, there is a general withdrawal from intimacy over the birth, with the non-intervention husbands investing relatively more into their marriages than they did before the birth. The intervention husbands experience the greatest change in their capacity for intimacy, and are able to commit themselves more deeply into the relationship over this period.

As there is a general and highly significant drop-off for all the groups (p=0.006), indicating a withdrawal from intimacy, the lack of withdrawal on the part of the non-intervention husbands is an important indicator of their increased level of investment in their marriages.

In terms of permeability being the capacity for intimate contact, the intervention husbands are the group that have the greatest capacity, and are able to commit themselves more deeply to a relationship.

Table 60: Means and Standard Deviations on the Flexibility dimension of the Relationship Change Scale for pre and post Testing

	Non-intervention Group						Intervention Group					
	H			W			H			W		
N	11			11			14			14		
	Means	d	SD	Means	d	SD	Means	d	SD	Means	d	SD
Pre	22,45	-	2,42	23,73	-	2,97	23,00	-	3,11	22,14	-	3,39
Post	21,91	-0,54	3,86	21,45	-2,28	3,70	23,07	0,07	3,65	22,57	0,43	2,71

Table 61: Repeated measures ANOVA on pretest scores of Flexibility

Source	df	M.S	F	P
G	1	3,32	0,26	0,62
F	1	0,53	0,10	0,76
FxG	1	13,98	2,61	0,12
Er (F)	23	5,35	-	-
Er (G)	23	13,03	-	-

Key:	Symbol	Factor	Levels
	G	Group	(NI/I)
	F	Family member	(husband/wife)
	Er	Error	

Table 62: Repeated Measures Analysis of Variance on change in Flexibility over the Transition to Parenthood

Source	df	M.S	F	P
B	1	8,28	0,72	0,41
BxG	1	16,96	1,47	0,23
F	1	0,45	0,06	0,80
FxG	1	7,29	1,03	0,32
BxF	1	2,89	0,89	0,36
BxFxG	1	6,69	2,06	0,17
Er (B)	23	11,51	-	-
Er (F)	23	7,05	-	-
Er (BxF)	23	3,25	-	-

Additional Contrasts

Source	F	P
BxG (H)	0,15	0,70
BxG (W)	3,18	0,09
FxG (pre)	2,61	0,12
FxG (post)	0,00	0,97

Key:	Symbol	Factor	Levels
	B	Birth	(before/after)
	G	Group	(NI/I)
	F	Family member	(husband/wife)
	Er	Error	

The pregnancy induces the non-intervention wives to reassess their level of flexibility more than any other group. During the pregnancy these wives are more changed in flexibility than their husbands, while the reverse is true for the intervention groups (p=0,12). This suggests that the intervention wives, lowest in pretest change in flexibility, have the most difficulty adapting in the marriage.

The non-intervention wives experience a major decline in their flexibility over the period of the birth. Although starting highest, they end lowest in the overall change in flexibility. The intervention wives display a contrasting

effect, starting lowest, but experiencing the biggest improvement in flexibility (p=0,09), being the only group to gain on this variable. With the husbands in both groups showing little change over the birth, there is a three way BxFxG interaction on this variable which is not far from significance (p=0,17).

While not significant, there is a tendency for the intervention groups to both improve in flexibility, while both the non-intervention groups drop in flexibility over the period of the birth (p=0,23). Thus, by the time of the post test, the intervention groups are expressing more overall change than the non-intervention groups. The difference in overall change between husbands and wives that was noticeable at the pretest, has largely vanished by the post test (p=0,97), with, in both cases, the husbands being slightly more changed than the wives.

There was a larger difference between the control husbands and wives at the start of the study than between the experimental husbands and wives (p=0.12). As the control wives rated the highest on flexibility, their scores imply that they had become the most compliant with the wishes of their husbands at the start of the study. As they turned inwards and began to be more involved with themselves, their flexibility within the marital relationship dropped off sharply (p=0.09).

The Identity and Intimacy vs Isolation scales were also divided into subscales, and the four dimension of the boundary quality and contents of the Transitional Space were analyzed.

These refer to the aspects of commitment, crisis-facing, permeability and flexibility, outside of the context of the marital relationship.

The following tables reflect the analyses of the data for the aforementioned dimensions from the Identity and Intimacy Scales

11.2.2.7 The Identity Scale

Table 61: Means and Standard Deviations on Crisis-facing outside of the Marriage from the Identity Scale

	Non-intervention Group				Intervention Group			
	H		W		H		W	
N	11		11		14		14	
	Means	d	SD	Means	d	SD	Means	d	SD	Means	d	SD
Pre	5,40	-	1,04	4,27	-	1,35	4,93	-	1,14	5,00	-	1,47
Post	5,76	0,36	1,14	4,91	0,64	1,51	4,93	0,00	1,27	4,57	-0,43	1,50

Table 64: Repeated measures ANOVA on pretest scores of Outside Crisis-facing

Source	df	M.S	F	P
G	1	0,98	0,53	0,47
F	1	1,72	1,26	0,27
FxG	1	2,44	1,79	0,19
Er (F)	23	1,36	-	-
Er (G)	23	1,86	-	-

Key:

Symbol	Factor	Levels
G	Group	(N:I)
F	Family member	(husband/wife)
Er	Error	

Table 65: Repeated Measures Analysis of Variance on change in Outside Crisis-facing over the Transition to Parenthood

Source	df	M.S	F	P
B	1	0,05	0,61	0,44
BxG	1	3,14	3,83	0,05
F	1	4,19	1,79	0,19
FxG	1	1,79	0,76	0,39
BxF	1	0,04	0,04	0,85
BxFxG	1	0,76	0,74	0,39
Er (B)	23	0,82	-	-
Er (F)	23	2,34	-	-
Er (BxF)	23	1,02	-	-

Additional Contrasts

Source	F	P
BxG (H)	0,58	0,46
BxG (W)	3,09	0,09
FxG (pre)	1,79	0,19
FxG (post)	0,05	0,82

Key:

Symbol	Factor	Levels
B	Birth	(before/after)
G	Group	(NI/I)
F	Family member	(husband/wife)
Er	Error	

The non-intervention wives are markedly less crisis-facing to the outside world before the birth, than any of the other groups, although this only reflects itself partially in the significance level (p=0,19). In contrast, the husbands of this group are initially the most able to handle crises outside of the marriage. This ability persists and even strengthens after birth, where together with their wives, the non-intervention husbands experience an increase in their crisis-facing ability. The intervention groups react to the birth in different ways, either by maintaining their prebirth levels in the case of the

husbands, or showing a marked decline in the case of the wives (p=0,06). The difference between the behaviours of the intervention and non-intervention wives is particularly apparent, with the latter group rising from the lowest position to a mean level above that of the former group (p=0,09).

Perhaps not surprisingly, before the birth the husbands tend to be more crisis-facing or at least as crisis-facing as their wives. After the birth this trend becomes more pronounced (p=0,19), even in the case of the non-intervention husbands, who make noticeable gains on their already high pre-test position.

Table 66: Means and Standard Deviations on Commitment outside of the Marriage, from the Identity Scale

	Non-intervention Group						*Intervention Group*					
	H			W			H			W		
N	11			11			14			14		
	Means	d	SD	Means	d	SD	Means	d	SD	Means	d	SD
Pre	3,45	-	1,21	2,82	-	1,25	2,36	-	1,34	2,86	-	0,77
Post	3,27	-0,18	1,35	2,82	0,00	1,33	2,93	0,57	0,92	2,86	0,00	1,56

Table 67: Repeated measures ANOVA on pretest scores of Outside Commitment

Source	df	M.S	F	P
G	1	3,45	2,46	0,13
F	1	0,06	0,05	0,83
FxG	1	3,98	3,15	0,09
Er (F)	23	1,26	-	-
Er (G)	23	1,40	-	-

Key:

Symbol	Factor	Levels
G	Group	(NI/I)
F	Family member	(husband/wife)
Er	Error	

Table 68: Repeated Measures Analysis of Variance on Change in Outside Commitment over the Transition to Parenthood

Source	df	M.S	F	P
B	1	0,23	0,34	0,56
BxG	1	0,87	1,27	0,27
F	1	0,68	0,39	0,54
FxG	1	3,56	2,04	0,17
BxF	1	0,23	0,25	0,62
BxFxG	1	0,87	0,92	0,35
Er (B)	23	0,69	-	-
Er (F)	23	1,74	-	-
Er (BxF)	23	0,95	-	-

Additional Contrasts

Source	F	P
BxG (H)	2,43	0,13
BxG (W)	0,00	1,00
FxG (pre)	3,16	0,09
FxG (post)	0,32	0,58

Key:	Symbol	Factor	Levels
	B	Birth	(before/after)
	G	Group	(NL/I)
	F	Family member	(husband/wife)
	Er	Error	

The non-intervention husbands are particularly committed outside of the marriage, before the birth, relative to their wives. The opposite is true for the intervention group (p=0,09), where the wives possess a level of commitment and identity above that of their husbands.

The birth seems to presage no change in mean outside commitment for either of the female groups (p=1,00), but results in a differential change in the level of outside commitment for the men. Not surprisingly perhaps, the non-intervention men fall slightly from their high position, while the intervention

husbands rise from their initially low prebirth mean level of commitment (p=0,13) to a mean level as high as that of their wives.

By the period of six months after the birth, only the non-intervention husbands differ from the other groups, but this is not significant (p=0,58).

11.2.2.8 Intimacy vs Isolation Scale

Table 69: Means and Standard Deviations on Flexibility outside of the Marriage, from the Intimacy vs Isolation Scale

	Non-intervention Group						Intervention Group					
	H			W			H			W		
N	11			11			15			15		
	Means	d	SD	Means	d	SD	Means	d	s	Means	d	SD
Pre	2,27	-	0,79	2,64	-	0,67	2,93	-	0,26	2,80	-	0,41
Post	2,36	0,09	0,81	2,27	-0,37	0,90	2,60	-0,33	0,83	2,60	-0,20	0,63

Table 70: Repeated measures ANOVA on pretest scores of Outside Flexibility

Source	df	M.S	F	P
G	1	2,16	5,21	0,03
F	1	0,17	0,98	0,33
FxG	1	0,78	4,54	0,04
Er (F)	24	0,17	-	-
Er (G)	24	0,41	-	-

Key:	Symbol	Factor	Levels
	G	Group	(NI/I)
	F	Family member	(husband/wife)
	Er	Error	

Table 71: Repeated Measures Analysis of Variance on change in Outside Flexibility over the Transition to Parenthood

Source	df	M.S	F	P
B	1	1,03	3,10	0,09
BxG	1	0,11	0,32	0,57
F	1	0,03	0,09	0,76
FxG	1	0,26	0,79	0,38
BxF	1	0,16	1,09	0,31
BxFxG	1	0,55	3,64	0,07
Er (B)	24	0,33	-	-
Er (F)	24	0,33	-	-
Er (BxF)	24	0,15	-	-

Additional Contrasts

Source	F	P
BxG (H)	1,92	0,18
BxG (W)	0,46	0,51
FxG (pre)	4,54	0,04
FxG (post)	0,08	0,77

Key:	Symbol	Factor	Levels
	B	Birth	(before/after)
	G	Group	(NI/I)
	F	Family member	(husband/wife)
	Er	Error	

Both the husband and wife intervention groups fell above their respective non-intervention groups before the birth of the baby on the mean level of flexibility outside of the marriage (p=0,03).

The intervention husbands had a mean level of flexibility slightly above their wives, while the non-intervention wives were noticeably more flexible outside of the marriage, before the birth of the baby, than their husbands (p=0,04).

The birth of the baby brought about a general fall in mean f[illegible]ity outside the marriage (p=0,09), although the

initially low scoring non-intervention husbands were an exception. The contrast between the drop in mean flexibility of the intervention husbands and the rise for that of the non-intervention husbands, approaches significance (p=0,18). The significant BxFxG interaction also arises from this increase, particularly when it is offset against the steep fall in mean flexibility of the non-intervention wives (p=0,07).

After the birth, the husbands and wives converge, with the intervention groups maintaining their relative level of flexibility above that of the non-intervention groups, although this is below their pre-birth level.

Table 72: Means and Standard Deviations on Permeability outside of the Marriage, from the *Intimacy Scale*

	Non-intervention Group						Intervention Group					
	H			W			H			W		
	N	11			11			15			15	
	Means	d	SD	Means	d	SD	Means	d	SD	Means	d	SD
Pre	2,55	-	0,69	3.09	-	1,14	2,53	-	0,74	3,53	-	0,52
Post	2,73	0,18	0,90	3,09	0,00	0,70	2,93	0,40	0,80	3,47	-0,06	0,64

Table 73: Repeated measures ANOVA on pretest scores of Outside Permeability

Source	df	M.S	F	P
G	1	0,59	1,11	0,30
F	1	7,58	11,12	0,00
FxG	1	0,66	0,96	0,34
Er (F)	24	0,68	-	-
Er (G)	24	0,53	-	-

Key:	Symbol	Factor	Levels
	G	Group	(NI/I)
	F	Family member	(husband/wife)
	Er	Error	

Table 74: Repeated Measures Analysis of Variance on change in Outside Permeability over the Transition to Parenthood

Source	df	M.S	F	P
B	1	0,42	1,40	0,25
BxG	1	0,04	0,12	0,73
F	1	9,46	12,86	0,00
FxG	1	0,62	0,84	0,37
BxF	1	0,67	1,35	0,26
BxFxG	1	0,13	0,26	0,61
Er (B)	24	0,30	-	-
Er (F)	24	0,74	-	-
Er (BxF)	24	0,49	-	-

Additional Contrasts

Source	F	P
BxG (H)	0,34	0,56
BxG (W)	0,04	0,84
FxG (pre)	0,96	0,34
FxG (post)	0,17	0,69

Key:	Symbol	Factor	Levels
	B	Birth	(before/after)
	G	Group	(NI/I)
	F	Family member	(husband/wife)
	Er	Error	

As might be expected, the wives and especially the intervention wives, tended to be more permeable outside of the marriage than the husbands ($p=0,00$). This characteristic of intimacy was present both before and after the birth. However, while the birth had little impact on the permeability of the wives, it did seem to result in a slight increase in the accessibility of the husbands- although this is not significant.

After the birth, the gap between the husbands and wives narrowed in mean level of permeability outside of the marriage. The intervention husbands and wives ended as more permeable than the respective non-intervention groups, although this too was not significant.

The fact that few significant differences were obtained on this variable, is not surprising, considering the low level of reliability. However, the tendencies suggest that permeability out of the marriage could be a major element in studies of this sort.

11.2.3 The Intervention Course

Two questionnaires were completed by the participants, evaluating the course and describing the effects of having taken the course. The first questionnaire was completed at the end of the course, and the second at the follow-up, nine months after the birth of the baby. It was decided to use only the responses from the nine month follow up, as those from the post-course evaluation were so overwhelmingly positive that there was a question as to whether the responses were a real evaluation, or rather a strong transference phenomenon.

Copies of both questionnaires may be found in Appendix F.

Self-report Responses: Below, is a reflection of the general responses to the course by husbands and wives, with a number of particularly illustrative comments reproduced in full.

11.2.3.1 Results of the Intervention:

Follow-up 6-9 months later:

As may be observed, some of the questions in this section were open-ended. Thus, some subjects commented on more than one aspect, while others omitted to comment. The results, therefore, of the open-ended questions, reflect a percentage of the total number of responses for those items, rather than of the number of subjects.

Table 75: Difference in Coping

DO YOU THINK YOU ARE COPING DIFFERENTLY NOW THAN YOU WOULD HAVE IF YOU HAD NOT ATTENDED THE COURSE?

	Yes	No
Husbands:	12(80%)	(3) 20%
Wives :	12(80%)	(3) 20%

IF YES, IN WHAT WAY?

Greater awareness Husbands and Wives: 28(93%)

	H	%	W	%
Greater awareness	12	80	10	67
Preparation for changes	5	33	4	27
Better communication	1	7	1	7
Learned importance of fulfilling own needs	0	0	2	13

From Table 75
Over 90% of all responses were comments on how the greater awareness of the process of the transition to parenthood helped them to cope better.

In addition, 80% of husbands and wives reported that they thought that they had coped differently, having attended the course.

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Over 90% of all responses were comments on how the greater awareness of the process of the transition to parenthood helped them to cope better.

In addition, 80% of husbands and wives reported that they thought that they had coped differently, having attended the course.

A number of both husbands and wives commented on the value that the preparation for changes provided in the course.

Table 76: Most useful part of the Course

WHAT PROVED TO BE THE MOST USEFUL PART OF THE COURSE?

	H	%	W	%
Communication and conflict resolution	6	40	5	33
Aspects of TA	2	13	3	20
understanding the changes (transition to parent)	5	33	2	13
Aspects of group interaction	3	20	3	20
Professional help and advice	0	0	2	13
Discovering more about H and self	0	0	1	7

From Table 76

Communication and conflict resolution were the most highly valued aspects of the course for both husbands and wives.

Again, understanding the changes involved in the transition to parenthood, was regarded as useful by 33% of the husbands.

Aspects of Transactional Analysis was mentioned by 20% of wives and 13% of husbands, as useful.

Table number 77: Least useful part of the Course

WHAT PROVED TO BE THE LEAST USEFUL PART OF THE COURSE?

	H	%	W	%
Nothing	11	73	11	73
Lack of feedback from questionnaires	2	13	2	13
Discussion of childbirth (caeser)	1	7	1	7
Not enough depth and structure	1	7	0	0

Most subjects were unable to point to any particular weakness in the content of the course, although some procedural issues were highlighted.

Additional responses are presented in Appendix I.

CHAPTER 12

DISCUSSION

Part 1

12.1 Change

As described in Chapter 7, individual functioning may be observed with more clarity during times of change. The Transitional Space is a process-oriented model, the dynamics of which will become highlighted during a change of significant proportions. Thus, the aim of this part of the study was to discover whether the birth of the first child represents such a significant developmental changepoint in the lives of people.

In addition, by studying individual functioning at this time, one may obtain initial indications as to whether the model of the Transitional Space is substantiated.

The previous literature indicates that some people report the change over the transition to parenthood to be moderate. Belsky et al (1985), in a study on the transition to parenthood, reported only a modest degree of negative change in marital satisfaction for both husbands and wives. Negative change is, in fact, the most common and consistent response that is reported in the literature (Belsky, et al., 1983; Cowan and Cowan, 1983; Feldman and Rogoff, 1968; Miller and Sollie, 1980). However, there is also some evidence of positive change

(Hobbs and Cole, 1976; Meyerowitz and Feldman, 1966; Russell, 1974), and even reports of no change (Ryder, 1973). Russell (1974), in her study on the transition to parenthood, found that husbands and wives, in their response on a gratification checklist, both checked a far higher proportion of "gratification" items than "crisis" items. Also, that the gratification items checked were more likely to be personal ones, rather than benefits to the husband-wife relationship, or to relationships outside the marriage. In the Russell (1974) study, most couples report that their marital relationship had improved since the birth (42%) or has stayed about the same (43.5%). Only a very small percentage of the women and men felt that their marriage had deteriorated since the birth.

There is some indication that the nature of the change depends somewhat on the type of group experiencing the change. For example, Belsky et al., (1986) criticize their own study on the basis of the sample. They relate that the samples in their studies were generally well functioning, middle class, well educated volunteer couples, who had been married an average of four years before the baby's arrival. To them this suggested, that because of the unrepresentativeness of the sample, the decline in marital satisfaction may be larger in the general population.

In terms of the suggestion that the nature of the change may depend on the type of group experiencing the change, it becomes critical to know whether, for the type of sample that was to be

studied, the change is a significant one. The samples from the present study are similar to those in the study by Belsky et al. (1986). Like their sample, the present samples came from middle class, well educated, comfortable social strata, where the difficulties that are to be faced are more emotional than material.

The results of this section of the study indicate that the husbands reported a significant mean positive change, and this was consistent for the fathers of six week, six month, and eight year old first babies. Thus the positive experience is seen similarly from a perspective of different time intervals since the birth, including the retrospective view from eight years.

All three groups of wives see the change as positive, although there was a significant difference between the three groups in mean level of change. The mothers of the six week old babies saw their lives as having changed more positively than the mothers of the six month babies. Although the latter mothers still saw the change as significantly positive, it had probably been tempered by the challenge of having to deal with a six month old child, run a home, and be a wife. Alice Rossi (1968) calls the post-childbirth period during which attachment between parent and child is laid down, the "honeymoon stage" of the cycle of parenthood. It is perhaps the end of this stage, at about six to nine months after the birth, that the romance of motherhood begins to pale, and, even though still positive, the role is seen in a more realistic light.

However, the mothers of the eight year old first children reported the change in their lives as by far the most positive.

As it is only the wives amongst whom there are significant differences, attention will be directed to the possible meaning attributable to the differential changes of the wives.

There are problems in viewing this kind of discontinuous data from a developmental perspective. It is not the same group, studied longitudinally, that is being rated at these different periods of time. It is rather three separate groups. Thus, in this study, one cannot refer to the development of the perspective on the birth of the first child over time. Added to that, although a person's perceptions of the past are of value, care must be taken when using retrospective evidence. Yarrow et al., (1964), in a longitudinal study of child development was able to show how, by the time the infant was about 21 months old, its mother was extremely unreliable in her recall of the events of her pregnancy. Thus to extrapolate from those findings, a mother's unreliability of recall would obviously be greatly increased by the time the child was eight years old. It is distinctly possible that eight years down the line, when more children are probably in the household, and other difficulties of family life have been faced, the period around the birth of the first child may take on a much more positive light.

Another possible reason for such positive scores at 8 years, lies in the structure of the sample itself. As the aim of the

study was to research the effect of the transition to parenthood on the couple, the sample was restricted to married couples. Those couples who after eight years, were still married, were obviously not the ones where the marriage had broken down, and so may in fact be representative of a sample that had both perceived and negotiated their transition to parenthood positively. A more representative view would be gained if, in the study, there had been a group of divorced parents as well.

Despite the difficulty of interpretation, various tentative conclusions may be drawn from these findings. One might conclude that the transition to parenthood, although generally a positive experience, goes through periods where it is perceived as being more or less positive; that at six weeks it is perceived as a positive experience, at six months slightly less positive, but from eight years, the birth of a first child is seen as significantly more positive.

The above findings indicate that there has been significant change for husbands and wives in all the groups over the transition to parenthood. The change is largely seen as positive, in line with the findings of Russel (1974).

Despite the positive direction of the change, the literature emphasizes the traumatic nature of change. The stressful nature of change, has been emphasized by Holmes and Rahe (1967) Holmes and Masuda (1974) and others. Their contention is that change itself, be it positive or negative, is stressful. Others (Ruch 1977) have claimed that the way the change is perceived, that is

the nature of the change, will alter the amount of stress experienced, with negative change being experienced as more stressful than positive change. It is with these findings in mind that the model has been presented, with both the desirability and preparation for change as contingency factors influencing the amount of stress experienced with the change.

In terms of the model derived to describe and explain the process of change over the transition to parenthood, there are tentative implications from the present findings. What is evident is that as the model stands, the results of this part of the study suggest that one could place the couples at the top right hand corner with respect to the positive changes reported. It may appear that they have entered another love cycle with their respective spouses, and therefore it must be said that despite the changes and the stress experienced with the change, the increased vulnerability, regression, and need for affiliation, their spouses may have met those needs within the context of a good relationship. Again this appears to be rather a sweeping and optimistic statement about the course of relationships over the transition to parenthood.

In rethinking the model, however, with the addition of another dimension or contingency factor to the model, at least some of the findings may be explained more adequately.

An aspect of the transition to parenthood that this model has not covered, is that of the mythology surrounding the birth of the family, as described in Chapter 6. The mythology around

the wonder of this period added to the real excitement and pleasure of having a first baby, results in a very positive psychological set toward this period; Rossi's (1968) honeymoon phase, said to last about six months. As discussed above, the slight drop in positive report of the group of parents with six month old babies, may be explained with respect to the end of this honeymoon period.

In terms of the mythology, there is a push to respond within the context of this mythology, and there is also a need to respond in a socially desirable fashion. On the other hand, there is also operating at the same time, a defense against seeing any cracks that may be beginning in the marriage as a result of needs that are not being met. Therefore, there is a contingency factor of the positive set toward the transition to parenthood that is operating, particularly during the first six months after the birth of the baby. Adding this contingency factor in to the diagram of the model, a more complete picture of the transition to parenthood is presented below:

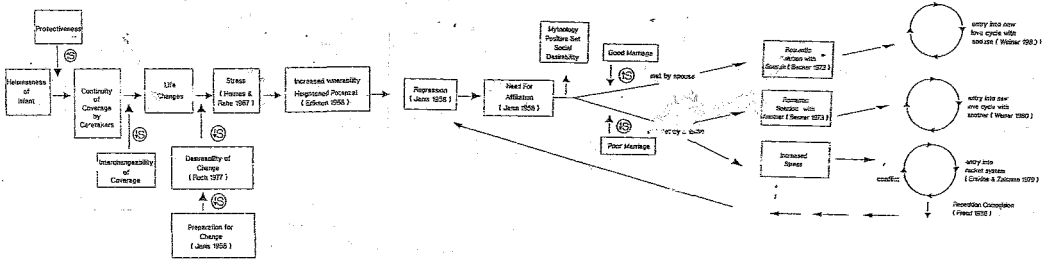

Fig 22
Final Model of Successful Adaptation
to Change; Revised in the Light of Findings

The conclusions that can be drawn from this part of the study are the following:

Firstly, that the transition to parenthood is a changepoint in the lives of the types of people who make up the samples in this study. Also, that for these samples, the change over the transition to parenthood is experienced as a positive change.

It is also concluded that a good time to examine the transition to parenthood, is from six months after the birth of the baby, as it is around this time that change occurs. It is after the honeymoon phase, when the family moves into dealing realistically with both the new member and the changes in roles, identities, and the various other permanent changes in their lives, that it would be more valuable to assess the effects of the transition to parenthood on the marriage. It is after this stage that a good relationship will result in a new love cycle, whilst a poor relationship will result in an exacerbation of the problems.

It may also be concluded that the model of change derived in this work should be adapted to incorporate the added contingency factor of mythology and positive set.

It may be said that the model, as reconstituted above, can still provide an explanation of the process and the variation in the process. What is also relevant, is that the adaptation to becoming parents, even though it literally does take "overnight", is not an instantaneous affair but as described by White (1977) in his article on Strategies of Adaptation, has a temporal dimension. White criticizes studies, where he says:

> ..It seems to me quite common in clinical assessments to look for samples of such behaviour,.....and then jump to the generalization that these are the client's characteristic ways of meeting his problems.....Strategy is not created on the instant. It develops over time and is progressively modified over the course of time.
> (p.38)

The major inadequacy of this section of the study, is that only change as reported by the subjects, has been investigated. In terms of the desireability and set to respond positively to the transition to parenthood, the restriction of the investigation to reported change, with the omission of more subtle and perhaps projective techniques leaves the conclusions as tentative.

12.2 Part 3

In the final part of the study an attempt was made to gain a window into the world of couples during the process of the transition to parenthood.

In the following section the findings that were obtained will be discussed.

The following discussion incorporates the self report responses to questions that were put to the couples about their subjective experience of aspects of the transition to parenthood. This will be followed by a discussion of the four groups who were studied during the transition to parenthood, both individually and as couples.

12.2.1 Response to post-partum questionnaire:

The treatment of the transition to parenthood as a changepoint is strongly confirmed by the responses of husbands and wives in all groups. However, despite the acknowledgement of this and in line with phase 1, but contrary to expectations, the majority of people found the shift to becoming a parent relatively easy. An explanation for the unexpected ease of transition, together with the results that the wives reported less of a change than their husbands, may be found in the previously described mythology of the wonder of motherhood, that may have been operating for the women. This would have produced a particular need on the part of the women to cover

aspects of their lives that might hint at negativity. In addition, the women were more prepared for the advent of parenthood and the disruption that it brings to their lives. Thus when it did occur, there had been enough preparation on the part of the wives, and fewer surprises. So it was easier for them not to view it as producing as much change as their husbands did. In the discussion of the importance and impact of an event in the life span, Brim & Ryff (1980) suggest that it is the distribution of an event rather than its nature or even its vividness that is most important. They describe that if the event is a common occurrence - if it takes place at the same time in the life span when other experience the same sort of event, or if the individual has always known that this event was likely to occur in his or her life - anticipatory socialization occurs. Brim and Ryff define anticipatory socialization as the process by which people are rehearsed and prepared for an event by the social delivery of information and training.

Although some anticipatory socialization must occur for the husbands as well, the more pronounced anticipatory socialization experienced by the wives, together with the aforementioned defense against negativity, could explain the higher feelings of change experienced by the men.

Nevertheless, it is acknowledged by all, that change does take place. Holmes and Rahe (1967) have emphasized the stressful effects of change, but Ruch (1977) and others have spoken of the difference between positively and negatively perceived change. The added meaning to their lives, as

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